



# Wayne E. Hesch Memorial Scholarship Program, page 2

## EMPLOYMENT HISTORY

List your last two employers beginning with the most recent:

EMPLOYER \_\_\_\_\_ POSITION/DUTIES \_\_\_\_\_ DATES \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION/DUTIES \_\_\_\_\_ DATES \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION/DUTIES \_\_\_\_\_ DATES \_\_\_\_\_

## ACTIVITIES

List your current community or extracurricular activities: \_\_\_\_\_

List any academic honors you have received: \_\_\_\_\_

List any office or other industry leadership positions you have held: \_\_\_\_\_

## STUDENT'S ACTUAL/ANTICIPATED INCOME & EXPENSES FOR ONE SCHOOL YEAR AT COLLEGE/UNIVERSITY

Estimate the total cost of your tuition and expenses for one school year. \$ \_\_\_\_\_

What percentage of costs will be covered by: Parents/Family? \_\_\_\_\_% Other Scholarships/Grants? \_\_\_\_\_% Loans (for which you are personally responsible) \_\_\_\_\_%

## REQUIRED SIGNATURES

**A. Your Parents/Guardians:** If you are claimed by your parents/guardians as a tax deduction, **THEY MUST** complete and sign the section below:

Number of dependent children currently attending college, including applicant: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. You** agree to furnish the AMOA Coin-Op Cares Foundation proof of course completion and grade point average. I certify/accept that:

1. The information contained in this application is complete and accurate to the best of my knowledge.
2. It is my responsibility to follow up with AMOA to confirm receipt of ALL materials sent by mail, fax, and/or email, including my application and transcript.
3. The AMOA Coin-Op Cares Foundation reserves the right to decline my application if it is received after the following deadlines:
  - Application deadline: February 21, 2025
  - Final due date for transcript: February 28, 2025

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**C. An AMOA Member:** We are aware that this applicant is applying for an AMOA Coin-Op Cares Foundation Scholarship and we support this effort.  
(Your company's membership must be in good standing at the time of application review by the Foundation Board in mid-March.)

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Signature of AMOA Member verifying this application \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Important: Read this form completely! Any form not fully completed may be disqualified for scholarship consideration.

**Applications must be received no later than February 21, 2025. NO EXCEPTIONS! Transcripts must be received no later than February 28, 2025. It is the responsibility of the applicant to confirm receipt of transcript.**

Scholarship checks will be awarded July 1 for the fall semester.

**Questions? Call AMOA at 800-937-2662.**

Applications with required documents should be mailed to:

AMOA Coin-Op Cares Foundation, Wayne E. Hesch Memorial Scholarship Program, 380 Terra Cotta Road, Suite F, Crystal Lake, IL 60012