# **2025-2026 APPLICATION** Wayne E. Hesch Memorial Scholarship Program

Administered by the AMOA Coin-Op Cares Foundation. Created in the memory of Wayne E. Hesch, a former President of AMOA, the scholarship program is designed to provide financial support to students who are, or plan or hope to be engaged in the profession.



Please PRINT or TYPE all entries. Attach additional sheets if more space is needed.

AST NAME	FIRST NAME	MIDDLE	DATE
STREET ADDRESS	CITY	STATE	ZIP
PHONE	E-MAIL		
<ol> <li>Are you currently working in the industry?*</li> <li>Briefly, explain your reasons for applying for the second second</li></ol>	YES NO 2. Do you plan to wo is scholarship, why you believe it is important and why it should	rk in the industry upon graduation? be awarded to you:	YES NO
4. How did you find out about this scholarship?	FRIEND/FAMILY GUIDANCE COUNSELOR INTERNE	T SEARCH EMPLOYER	PAST RECIPIENT OF SCHOLARS
* AMOA is a non-profit national trade association cor	FRIEND/FAMILY GUIDANCE COUNSELOR INTERNE nprised of approximately 950 owners/operators, distributors/supplie		
* AMOA is a non-profit national trade association cor			
and vending equipment.	nprised of approximately 950 owners/operators, distributors/supplie		amusement, music, entertainm
* AMOA is a non-profit national trade association cor and vending equipment. EDUCATION I presently attend: HIGH SCHOOL COMM	nprised of approximately 950 owners/operators, distributors/supplie	rs and manufacturers of commercial DUATE SCHOOL VOCATIONAL S	amusement, music, entertainm SCHOOL
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#### **Official Paper Transcripts:**

#### **Official Electronic "e-Transcripts":**

- Can be retrieved through your school's guidance office • Are the original document, NOT a photocopy or printout
- · We accept electronic transcripts as long as they are e-mailed directly from your school as a secure PDF
- Please send to recipient name: Sadie Vanderwall and e-mail: sadie@amoa.com
- It is NOT acceptable to mail AMOA a printed copy of an e-Transcript
- Please make a note on this application or contact AMOA to let us know to expect an e-mail from your school

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**AMOA** 380 Terra Cotta Road, Suite F, Crystal Lake, IL 60012 815-893-6010 • www.amoa.com

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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	d:		
STUDENT'S ACTUAL/ANTICIPATED INC	OME & EXPENSES FOR ONE SCHO	OOL YEAR AT COLLEGE/UN	IVERSIT
			1-)
Estimate the total cost of your tuition and expenses for one schoo What percentage of costs will be covered by: Parents/Family?		.oans (for which you are personally responsibl	le)
What percentage of costs will be covered by: Parents/Family?	% Other Scholarships/Grants?%		le)
What percentage of costs will be covered by: Parents/Family? REQUIRED SIGNATURES A. Your Parents/Guardians: If you are claimed	% Other Scholarships/Grants? %		le)
What percentage of costs will be covered by: Parents/Family?	% Other Scholarships/Grants?% by your parents/guardians as a tax deduction, <b>THEY MU</b>	<b>ST</b> complete and sign the section below:	le)
What percentage of costs will be covered by: Parents/Family? <b>REQUIRED SIGNATURES</b> <b>A. Your Parents/Guardians:</b> If you are claimed Number of dependent children currently attending college, incl Parent/Guardian Signature	% Other Scholarships/Grants?% I by your parents/guardians as a tax deduction, <b>THEY MU</b> luding applicant: proof of course completion and grade point average. I c ete and accurate to the best of my knowledge. m receipt of ALL materials sent by mail, fax, and/or ema	ST complete and sign the section below: _ Date ertify/accept that: il, including my application and transcript.	le)
<ul> <li>What percentage of costs will be covered by: Parents/Family?</li></ul>	% Other Scholarships/Grants?% I by your parents/guardians as a tax deduction, <b>THEY MU</b> luding applicant: proof of course completion and grade point average. I c ete and accurate to the best of my knowledge. m receipt of ALL materials sent by mail, fax, and/or ema t to decline my application if it is received after the follo	ST complete and sign the section below: _ Date ertify/accept that: il, including my application and transcript.	
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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