

APPLICATION Wayne E. Hesch Memorial Scholarship

Adminstrated By The
Amusement & Music Operators Association's
Education 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.
Completed applications with most recent transcripts should be mailed to:

AMOA Education Foundation
Wayne E. Hesch Memorial Scholarship Fund
33 W. Higgins Road, Suite 830
South Barrington, Illinois 60010

1. GENERAL INFORMATION... Please PRINT or TYPE

Last Name	First	Middle	Date
<hr/>			
Street Address	City/State	Zip	Phone []
<hr/>			

1. Are you currently working in the industry?* Yes No
2. Do you plan to work in the industry upon graduation? Yes No
3. Briefly, explain your reasons for applying for this scholarship, why you believe it is important and why it should be awarded to you: _____

*AMOA is a non-profit national trade association comprised of approximately 1,800 owners/operators, distributors/suppliers and manufacturers of commercial amusement, music, entertainment and vending equipment.

2. EDUCATION

I presently attend: High school Community College 4-Year College/University:
 Graduate School Vocational School

Name of School _____

City/State/Zip _____

Grade Point Average _____ **A copy of your most recent report card (if High School) or transcripts (if College) must accompany your application. You must have a 3.00 minimum GPA to apply.**

Next Fall I Will Be A: Freshman Sophomore Junior Senior Graduate Student

If In High School, My College Will Be: _____ Planned Major: _____

City/State/Zip _____

If College, My Major Is: _____

NOTE: It is required that this application be accompanied by your most recent report card (if high school) or transcripts (if college) and the grade point average must be given in U.S. standard format - 4.0!

3. EMPLOYMENT HISTORY

List your last two employers beginning with the most recent:

	Employer	Position/Duties	Salary	Dates
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

4. 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:

5. STUDENTS ACTUAL/ANTICIPATED INCOME & EXPENSES FOR ONE SCHOOL YEAR AT COLLEGE/UNIVERSITY...Please PRINT or TYPE

State only amount of which you are certain or can reasonably estimate. Do not include financial aid for which you are applying:

Income For One School Year

- | | |
|---|----------|
| 1. From scholarships, fellowships, or tuition waivers | \$ _____ |
| 2. From your savings or investments | \$ _____ |
| 3. Earnings during school year | \$ _____ |
| 4. Earnings during summer | \$ _____ |
| 5. Earning of spouse | \$ _____ |
| 6. Financial aid from parents | \$ _____ |
| 7. Loans (bank, school =, government) | \$ _____ |
| 8. Other _____ | \$ _____ |

TOTAL \$ _____

Expenses For One School Year

- | | |
|------------------------------------|----------|
| 1. Tuition: Private | \$ _____ |
| In-State | \$ _____ |
| Out-of-state | \$ _____ |
| 2. Fee, books, supplies | \$ _____ |
| 3. Room & board at school | \$ _____ |
| 4. Rent, food, utilities of campus | \$ _____ |
| 5. Clothing, laundry, cleaning | \$ _____ |
| 6. Other _____ | \$ _____ |

TOTAL \$ _____

6. REQUIRED SIGNATURES

A. Your Parents/Guardian:

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 AMOA Education Foundation proof of course completion and grade point average. In making this application for the Wayne E. Hesch memorial Scholarship I certify that, to the best of my knowledge, the information contained in this application is complete and accurate.

Signature of applicant: _____

Date: _____

C. An AMOA Member: We are aware that this applicant is applying for an AMOA Scholarship and support this effort.

Name: _____ Company: _____

Address: _____

Signature of AMOA member verifying this application: _____ Date: _____

NOTE: It is important that this application be accompanied by your most recent report card (if High School) or transcripts (if College).

- **Please read this form completely!**
- **Any form not fully completed may be disqualified for scholarship consideration!**
- **Questions? Call AMOA at 1.800.937.2662.**
- **Applications MUST be received no later than January 15.**
- **Scholarship checks will be awarded June 1st for the fall semester.**