



MAFTO SCHOLARSHIP APPLICATION

Employment Information:

Employer _____

Employer Address _____

Employer Phone # _____

Job Title _____

Hrs. Worked _____

Date – Month/Year _____

Employer _____

Employer Address _____

Employer Phone # _____

Job Title _____

Hrs. Worked _____

Date – Month/Year _____

Employer Recommendation:

If you are currently employed, please have your employer complete the following information and return it with your completed application. _____ has applied for the MAFTO Scholarship.

Please answer the following questions about this applicant.

Date of Hire: Month _____ Year _____ Full Time ☐ Part Time ☐ Hours per week _____

Please describe how the candidate performs his or her assigned duties:

Please describe the candidate's ability to interact with customers and or co-workers:

Additional Comments:

Supervisor's Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Date _____