

The Guy and Gloria Muto Memorial Scholarship Application
THE GUY AND GLORIA MUTO
MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Application Form
Must be typed for consideration

Date: _____

Personal Data:

1. Name of Applicant: _____ Date of Birth: ____/____/____

Work Telephone: (____) _____ Home Telephone: (____) _____

E-mail Address: _____ Fax Number (____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

2. Are you employed in the Pool and Spa Industry? ___ Yes ___ No
If Yes, go to #3. If No, go to #4.

3. Name of company currently employed with: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Years with present company: _____ Years in Pool/Spa Industry: _____

4. Name of immediate family member in the Pool/Spa Industry: _____

Is the qualifying member currently associated with a trade group? _____

If yes, the name of the trade group _____

Has the qualifying member been an officer that group? _____

Relationship to applicant: _____

Employer of immediate family member: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Years with present company: _____ Years in Pool/Spa Industry: _____

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Program Information:

5. Level of education applying for: College _____ Post Graduate _____ Basic Education _____

6. Name of course of study that funds are being applied for: _____

Name of proposed institution/organization providing course of study: _____

Is the course of study full or part-time: _____

7. List any civic or volunteer organizations you are associated with and in what capacity: _____

8. In your own words, why do you want to take this program or course of study and how do you think it will help you in your business or professional life?

(attach additional sheets of paper if needed)

9. Please attach a letter of recommendation from a former or current teacher. Not applicable if applicant is re-entering education after five years or longer.

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Certification:

I certify that the information provided in this application is true and accurate. I understand that the information provided becomes property of The Guy and Gloria Muto Memorial Scholarship Foundation, Inc. and that awards are granted at the sole discretion of the Board of Directors. In the event I receive an award, I understand that my name, photo and some the information contained in this application may be used for promotional purposes.

Applicants Signature: _____ Date: _____

If applicant is not employed in Pool/Spa Industry, the family member who is in the Pool/Spa Industry must also sign this certification. If the applicant is employed in the Pool/Spa Industry and under 18 years old, a parent or legal guardian must sign this certification.

Signed: _____ Relationship _____ Date: _____

Association Validation: (Must be completed for consideration)

This application has been reviewed and is forwarded to The Guy and Gloria Muto Memorial Scholarship Foundation with our validation. To the best of our knowledge, the information contained in the application is accurate and the member is full-time in the Pool & Spa Industry and has been for at least one year.

Name of validating association: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Association Officer: _____

Title: _____ Telephone: (_____) _____

E-mail address _____