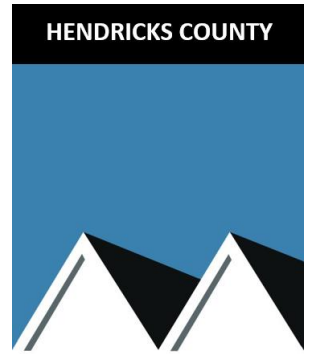


**MIBOR**  
Metropolitan Indianapolis  
Board of REALTORS  
**Scholarship**

**Indy West/Hendricks  
County MIBOR  
Scholarship Committee  
7386 Business Center  
Drive, Suite A  
Avon, IN 46123**

Directions: This application must be  
completed in blue or black ink.  
Only fully completed applications  
will be considered.



**MIBOR**  
Metropolitan Indianapolis  
Board of REALTORS  
**Scholarship**

Are you related to a MIBOR member? **YES** or **NO** If so, Relationship: \_\_\_\_\_  
MIBOR Member's Name? \_\_\_\_\_

OR, were you referred by a MIBOR member? **YES** or **NO**  
MIBOR Member's Name? \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL HIGH SCHOOL

\_\_\_\_\_  
ADDRESS E-MAIL

\_\_\_\_\_  
CITY STATE, ZIP CELL PHONE # HOME PHONE #

NAME OF PARENTS / GUARDIANS:

WILL ANY OF YOUR SIBLINGS BE IN COLLEGE NEXT YEAR? **YES** OR **NO**  
IF YES, PLEASE LIST WHO AND WHERE:

\_\_\_\_\_  
\_\_\_\_\_

TO WHICH EDUCATIONAL INSTITUTION(S) HAVE YOU BEEN ACCEPTED?

WHAT IS YOUR AREA OF STUDY, DEGREE OR LICENSE SOUGHT?

\_\_\_\_\_  
\_\_\_\_\_

WHAT FINANCIAL AID HAVE YOU RECEIVED FOR YOUR POST SECONDARY EDUCATION?

NAME / TYPE OF AID	AMOUNT OF AID	FOR HOW MANY YEARS?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

WHAT IS YOUR GRADE POINT AVERAGE AFTER 7 SEMESTERS? \_\_\_\_\_

WHAT IS YOUR CLASS RANK? \_\_\_\_\_ OF \_\_\_\_\_

LIST ANY ACTIVITIES, INCLUDING ATHLETICS, IN WHICH YOU HAVE PARTICIPATED WHILE IN HIGH SCHOOL: ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED.

<u>ACTIVITY</u>	<u>YEARS</u>	<u>SPONSOR</u>
_____		
_____		
_____		

LIST ANY COMMUNITY SERVICE ACTIVITIES & EXPERIENCE: ALSO EXPLAIN WHY YOU PARTICIPATED IN THESE COMMUNITY EVENTS AND WHAT KIND OF AN IMPACT YOU HOPE YOU MADE AND HOW COMMUNITY SERVICE WILL PLAY A ROLE IN YOUR FUTURE. ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED.

\_\_\_\_\_

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PLEASE LIST ANY OTHER REASONS WHY YOU MIGHT BE DESERVING OF THE HENDRICKS COUNTY MIBOR SCHOLARSHIP:

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

It is understood and agreed that the information provided in this application may be used by Hendricks County MIBOR. If selected, applicant gives Hendricks County MIBOR the right to post photos & names of the award winners in media & social media.

**PARENT OR GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF APPLICATION**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

NAME OF SCHOOL COUNSELOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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PLEASE TYPE ON A SEPARATE SHEET OF PAPER YOUR RESPONSE TO THE FOLLOWING:  
(PLEASE LIMIT YOUR COMMENTS TO ONE PAGE)

**What are your abilities and future plans?  
You should also include letter(s) of recommendation.**

**Please NO Recommendations from Relatives.**

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**APPLICANT MUST INCLUDE/ATTACH A COPY OF THEIR TRANSCRIPT**

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**COMPLETED APPLICATION MUST BE POSTMARKED BY **APRIL 20, 2020****

Mail to: **HENDRICKS COUNTY MIBOR SCHOLARSHIP COMMITTEE**  
**7386 BUSINESS CENTER DRIVE, SUITE A, AVON, IN 46123**

Questions or Assistance please contact: Brandy Jones @ 317-737-7908