



**DISTRIBUTION MANAGEMENT ASSOCIATION
CONFIDENTIAL MEMBER/FAMILY SCHOLARSHIP APPLICATION**

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be notified electronically in May and awarded at the DMA Annual Golf Event. Your application will not be considered complete until we have received your signed application, essay, and **official transcripts**. If you have any questions, please call the DMA office at (626) 510-4085. All information is confidential and will be reviewed only by DMA scholarship committee members.

Mail your application to the DMA Office at 231 E. Alessandro #A650 Riverside, CA 92508.

Applications and official transcripts must be postmarked by April 15.

Go to www.DMASoCal.org for a copy of required forms.

Scholarship Criteria: Eligible students shall:

- (a) currently enrolled in school and have completed a minimum of 30 college credits
- (b) be of good academic standing with a grade point average of 2.8 or higher
- (c) be an active DMA member in good standing or an immediate family member (spouse or child) of an active DMA member in good standing.

1. An individual cannot be awarded a DMA Member/Family scholarship in two consecutive calendar years.
2. DMA Scholarship Selection Subcommittee members and their immediate family are not eligible to apply for scholarship funds.

1. **DMA application form.** Complete all questions and sign this application.
2. **Essay (250-500 words typed):** *Please tell us about an experience, achievement, or risk that you have taken and its impact on you. You must submit your essay with your application.*
3. **STUDENTS:** OFFICIAL TRANSCRIPT OF GRADES (WITH COLLEGE SEAL) – MUST INCLUDE PRIOR SEMESTER GRADES. MINIMUM REQUIREMENTS: 2.8 GPA. YOUR TRANSCRIPTS MAY BE MAILED BY THE COLLEGE TO THE DMA OFFICE (*See address at bottom of this form*). ALL TRANSCRIPTS MUST BE POSTMARKED BY **APRIL 15.**

Please note: You must answer every question on this application:

A. STUDENT INFORMATION

1. Student's Name: _____ Date of Birth: _____
2. Legal Permanent Address: _____
3. City, State, Zip: _____
4. Mailing Address (if different from above): _____
5. Email: _____
6. Telephone (Home): (____) _____ (Work/Cell): (____) _____
7. Student ID #: _____

D. **DMA MEMBER INFORMATION** (IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP, APPLICANT MUST BE AN ACTIVE MEMBER IN GOOD STANDING OR AN IMMEDIATE FAMILY MEMBER, I.E. SPOUSE OR CHILD).

Who is the DMA Member (check box):

- ☐ Applicant ☐ Applicant's Mother ☐ Applicant's Father
☐ Applicant's Spouse ☐ Applicant's Legal Guardian

Member Name: _____
 Member Company: _____
 Member Address: _____
 Phone: _____

E. COLLEGE INFORMATION:

1. Name and address of college that you are presently attending: _____
 2. In the Fall semester, I will be a (list grade level): _____
 3. I plan to be a full time or part time student: _____
 4. List college extracurricular activities (include clubs, sports, community service, employment, etc.)

5. List any other scholarship assistance/financial aid you have applied for.

F. CERTIFICATION:

I/We hereby declare that the foregoing statements. To the best of our belief, are correct.

Signature of Applicant & Date: _____

Signature of Parent & Date: _____

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Mail or email your application:

Distribution Management Association

231 E. Alessandro #A650 Riverside, CA 92508

(626) 510-4085 email: admin@dmassocal.org

Go to www.DMASoCal.org if you need a copy of the guidelines and all required scholarship forms.