

Mesa Hotline School

Mike Dean Memorial Scholarship Application

Name of employee applying: \_\_\_\_\_  
(Please Print) (Last) (First) (M.I.)

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

Name and mailing address of company employed with: \_\_\_\_\_

Date of Graduation from accredited program: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
(Month & Year) (Month & Year)

Your current position: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employers Name and Title: \_\_\_\_\_  
(Please Print) (Last) (First) (M.I.) (Title)

Employers Comments & Recommendations, why to consider you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach pages if needed)

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Remember to follow the Guidelines and Requirements**