

## SCHOLARSHIP COMMITTEE

The San Diego Area Chapter of the Maintenance Superintendents Association (MSA) is now accepting applications for its annual scholarship award program. The goal is to select a variety of full-time and part-time scholarships, at the Committee's discretion. The scholarships are available for full-time and part-time college students who meet the requirements listed below and are: a current MSA San Diego Chapter member working for an agency or vendor in good standing, or dependent of current MSA San Diego Chapter member working for a member agency or vendor in good standing.

The requirements are as follows:

- A. Full-time Students
  - 1. Student will have completed a minimum of one semester or quarter of college (12 units) at a two or four-year college or university. Final semester seniors are not eligible.
  - 2. Student, spouse, guardian, or parent of the student must be employed full-time by a member or vendor agency in San Diego for at least three years.
  - 3. Student shall be a full-time enrollee (12 units or more) during the Spring semester or quarter.
  - 4. The student must submit the following items by the deadline date in order to be considered by the committee:
    - i. A completed application
    - ii. Personal statement
    - iii. Current enrollment information
    - iv. An officially sealed transcript

- v. Letters of recommendation from one college faculty member
- vi. Letters of recommendation from one personal or professional associate for character reference

- B. Part-time Students
  - 1. Student will have completed a minimum of 12 units at a two or four-year college or university.
  - 2. Student, spouse, guardian, or parent of the student must be employed full-time by a member or vendor agency in San Diego for at least one year. Student must be carrying 3 or more units during the Spring semester or quarter.
  - 3. The Student must submit the following items by the deadline date in order to be considered by the committee:
    - i. A completed application
    - ii. Personal statement
    - iii. Current enrollment information
    - iv. An officially sealed transcript

- v. A letter of reference by immediate supervisor
- vi. A letter of reference from a college/university faculty member

To be considered, completed scholarship packets must be received by the Scholarship Committee no later than May 15, 2025.

Applications are available on the website, <u>www.msasd.org</u> under <u>Links</u> or by writing to the Scholarship Committee. See the application form for the mailing address.

The Scholarships will be awarded at the June meeting.



## Maintenance Superintendents Association San Diego Area Chapter Scholarship Application

## APPLICANT INFORMATION:

| Applicant's Name:                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           | Email:                                                                                                                             |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                               | City:                                                                                                                                                                                                                                     | State:                                                                                                                             | Zip:                                                   |
| Telephone: Day                                                                                                                                                                                                                                                                                                                                | Evening:                                                                                                                                                                                                                                  | Cell:                                                                                                                              |                                                        |
| COLLEGE/INSTITUTE                                                                                                                                                                                                                                                                                                                             | INFORMATION:                                                                                                                                                                                                                              |                                                                                                                                    |                                                        |
| College/Institute Attending:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                           |                                                                                                                                    |                                                        |
| Address:                                                                                                                                                                                                                                                                                                                                      | City:                                                                                                                                                                                                                                     | State:                                                                                                                             | Zip:                                                   |
| No. of Units Enrolled In:                                                                                                                                                                                                                                                                                                                     | Major:                                                                                                                                                                                                                                    |                                                                                                                                    | GPA:                                                   |
| MSA SPONSOR INFOR                                                                                                                                                                                                                                                                                                                             | RMATION:                                                                                                                                                                                                                                  |                                                                                                                                    |                                                        |
| Sponsor's Name:                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |                                                                                                                                    |                                                        |
| Telephone: Day<br>Sponsor's Chapter:                                                                                                                                                                                                                                                                                                          | Evening:                                                                                                                                                                                                                                  | Cell:                                                                                                                              |                                                        |
| to publicize the award and                                                                                                                                                                                                                                                                                                                    | ation will remain confidential.<br>I my picture to the news me<br>ith due credit to the sponsoring                                                                                                                                        | dia, in the Chapter minutes,                                                                                                       | Chapter Newsletter                                     |
| Applicant Signature:                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           | Date:                                                                                                                              |                                                        |
| The following must be subm                                                                                                                                                                                                                                                                                                                    | nitted by May 15, 2025 in orde                                                                                                                                                                                                            | r to be considered by the com                                                                                                      | mittee:                                                |
| <ul> <li>Two letters of recon         <ul> <li>Full Time St<br/>personal or p</li> <li>Part Time St<br/>must be diffe</li> </ul> </li> <li>Personal letter which         <ul> <li>Summary of</li> <li>Interests</li> <li>Goals</li> <li>Achievement</li> <li>List of award</li> <li>Statement of</li> <li>Statement of</li> </ul> </li> </ul> | nformation (must be official ve<br>nmendation<br>udent: One from current sch<br>professional associate.<br>cudent: One from MSA sponse<br>erent than the sponsor (use cha<br>n shall include the following info<br>applicant's background | ool instructor and the other<br>or and the other from applica<br>ain of command if they are the<br>ormation related to the field o | ant's supervisor who<br>e same).<br>f public services: |
| Submit applications to:                                                                                                                                                                                                                                                                                                                       | Rob Tobin                                                                                                                                                                                                                                 | Questions?                                                                                                                         |                                                        |
|                                                                                                                                                                                                                                                                                                                                               | c/o City of Encinitas<br>160 Calle Magdalena<br>Encinitas, CA 92024                                                                                                                                                                       | Contact Rob Tobi                                                                                                                   | n (760) 633-2853                                       |

Approved and Updated 3/2025