



Scholarship
Foundation



2017 EMA SCHOLARSHIP PROGRAM

EMA MEMBER COMPANY EMPLOYMENT VERIFICATION

1. Applicant: _____
Last First Middle
2. Please check the appropriate box: Applicant Applicant's Parent Applicant's Spouse
is employed by an EMA member company.
3. Name of employee, if other than applicant: _____
4. EMA Member Company: _____
5. Company Address: _____
6. Company Phone Number: _____
7. Length of Employment with member company: _____
8. Company Supervisor: _____
9. Supervisor's Phone Number: _____

** Company membership status will be verified.*

This form must be returned along with your application and postmarked by March 31, 2017.

Your application will not be processed without this form.