The Macedonain Businessmens Club



Attention: Mr. Peter Vass 822 Portage Trail West #1A Cuyahoga Falls Ohio, 44221

Scholarship Application

Name:				
			-	
			- -	
			-	
Name of Parents	:			
Relation to Mace	donian Ancestry:_			
		versity or College? or if First Year Please Att	ach High Sch	ool Records!
Full Time:	Part Time:	Number of Semester I	Hours:	_ Semester\QRT
Course of Study:				
Outside Interest:				

Tui		Annual Education Cost Books:		
Oth	er:			
Ple	ease Detail How	Your Education Will Be	Funded	
So	elf or Spouse: \$	Parents: \$		
Grandparer	nts: \$	Others: \$		
Scholarsh	ips and/or Grants: \$_			
Na	me of:			
Student Loa	ns: \$		_	
Name of:				
Other Loa	ns: \$			
Na	ame of:			
Number of Depo	endants: T	Type of Dependent:		
Inc		Applicant and Spouse (If a rest – Business – Renters – An		
		Tot		
	nation provided is t	inessmen's Club of Akron Ohi rue and correct to the best of I Signature:	my knowledge!	
Sworn to before r	ne and subscrib	ed in my presence this	day of	20
Notary Public:		Title and County	y:	
Print Name		Expiration		