

Mercedes-Benz U.S. International Scholarship Program

THE PROGRAM

The Mercedes-Benz U.S. International Scholarship Program has been established by Mercedes-Benz U.S. International, Inc. (MBUSI) to assist Alabama high school seniors and dependent children of MBUSI Team Members who plan to continue education in college or vocational school programs. Scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services, a department of Scholarship America. Scholarship America is a national nonprofit educational support and student aid service organization that seeks to involve and assist the private sector in expanding educational opportunities and encouraging educational achievement. Awards are granted without regard to race, color, creed, religion, gender, disability, or national origin.

ELIGIBILITY

Applicants to the Mercedes-Benz U.S. International Scholarship Program must be -

High school seniors from the following areas in Alabama: Jefferson County and Tuscaloosa County, who plan to
enroll in a full-time* undergraduate course of study at an accredited two- or four-year college, university, or
vocational-technical school by the fall term following the application period.

OR

- High school seniors who are dependent children of full-time Mercedes-Benz U.S. International, Inc. Team Members who plan to enroll in a full-time* undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school by the fall term following the application period.
 - Dependent children are defined as natural and legally adopted children or stepchildren living in the Team Member's household and primarily supported by the Team Member.
 - Children of Management Team members are not eligible.

*Full-time study is defined as full-time enrollment for the entire upcoming academic year.

AWARDS

If selected as a recipient, the student will receive a \$1,000 award. Up to ten (10) awards will be granted each year. One half of awards will be granted to children of Team Members, the other half to students from high schools in the selected areas (with geographic spread). Awards are for undergraduate study and are for one year only.

APPLICATION

Interested students must complete the application and mail it along with a current, complete official transcript of grades to Scholarship America postmarked no later than **March 15.** On-line transcripts and grade reports are not acceptable. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship America to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship America.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of Mercedes-Benz U.S. International or the Community Foundation of West Alabama play a part in the selection. All applicants agree to accept the decision of Scholarship America as final.

Applicants will be notified in early May. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

Scholarship America processes scholarship payments on behalf Mercedes-Benz U.S. International, Inc. Payments are made in one installment on August 15. A check will be mailed to each recipient's home address and is made payable to the school for the student.

OBLIGATIONS

Recipients have no obligation to Mercedes-Benz U.S. International, Inc. or the Community Foundation of West Alabama. They are, however, required to supply Scholarship America with complete transcripts when requested and to notify Scholarship America of any changes of address, school enrollment, or other relevant information.

REVISIONS

Mercedes-Benz U.S. International, Inc. reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Mercedes-Benz U.S. International Scholarship Program

Scholarship America One Scholarship Way, P.O. Box 297 Saint Peter, MN 56082

Toll-free telephone:1-800-537-4180Business hours:Monday through Thursday 8:00 a.m. to 4:30 p.m. central time zoneFriday 8:00 a.m. to 12 noon central time zoneSaturday and Sunday Closed



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Mercedes-Benz

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FOR SCHOLARSHIP AMERICA USE ONLY	I.D. #	AA	PD	RIC/CS	GPA	SATV/CR	SATM	ACTE	ACTM	TOTAL	
APPLICANT DATA	Last Name Permanent Home	First Middle Initial									
						Apartment #					
	City					State Zip Code					
	County: 🗌 Jefferson 🛛 Tuscaloosa 🔹 Other										
	Telephone ()				E-mail Address					
	Social Security No	umber				Date of Birth: I	Month	Day	Year		
	Please indicate yo	our status. (For	statistical p	ourposes only)	🗌 Male	F	emale				
	American Indi	an /Alaska Nati	ve	Black/Afric	can Americar .atino		Iulti-Racial lative Hawaiia	an/Pacific Islar	nder] White	
EAM MEMBER	Last Name					First		N	Middle Initial _		
PARENT OR GUARDIAN	Address (if differe	nt from the app	licants)								
NFORMATION	Employment Statu Are you employed		Benz U.S. I	nternational, Inc	.? 🗌 Yes	□ No If ye	es, please cor	nplete the rest	of this section	n.	
	Social Security Number					Work Telephone ()					
	Fax Number ()					E-mail Address					
	Job Title					Department					
	Division/Subsidiary					_ City State					
	Relationship to Ap	oplicant				The applicant	is a depende	ent of the emplo	oyee 🗌 Ye	es 🗌 No	
HIGH SCHOOL	School Name					High School (Graduation Da	ate: Month	Year	r	
DATA	City					State	Teleph	one ()		
POST- SECONDARY SCHOOL DATA	Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.										
					_ City				State		
					_ City				State		
	🗌 4 yr. College d	or University		2 yr. Communit Other, explain		ollege					
	Vocational-Te	chnical School									
	Vocational-Te Year in school ne	_	_	her, explain							
	—	xt year: 🗌 1	Oti	her, explain		d college gradu					

WORK EXPERIENCE Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned
			1	

ACTIVITIES, AWARDS AND HONORS List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS	Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.
UNUSUAL CIRCUMSTANCES	Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT
APPRAISAL
(REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's cho program is	pice of a post-secondary education	nal	extremely appropriate	very appropriate	moderately appropriate	🗌 inap	propriate			
The applicant's ach	ievements reflect his/her ability	extremely well	very well	moderately w	vell 🗌 not well					
The applicant's abil	lity to set realistic and attainable g	oals is	excellent	🗌 good	🗌 fair	🗌 pool	r			
The quality of the a community is	pplicant's commitment to school a	and/or		good	🗌 fair		r			
The applicant is abl	le to seek, find, and use learning r	esources	extremely well	very well	moderately w		well			
	onstrates curiosity and initiative		extremely well	verywell	moderately w	/ell 🗌 not v	well			
through, and compl	onstrates good problem-solving sl letes tasks	kills, follows	extremely well	very well	moderately w	vell 🗌 not v	well			
The applicant's res	pect for self and others is		excellent	good	🗌 fair	🗌 pool	r			
Comments:										
Appraiser's Name		Title		Teler	bone (
Signature		Organi	zation	Date						
TRANSCRIPT INFORMATION	An official transcript of grades m All applicants must include a hig explanation of the high schoo	gh school transcrip	t of grades and have th	is section completed by	•	•	(A clear			
		Cumulative Gra	ade Point Average	SAT		AC	ACT			
	Applicant ranks	Weighted:	/4.0 scale	Verbal/Critical Reading	g Math	English	Math			
	in a class of	-	/4.0 scale							
School Official's Signature		Date	Title		elephone ()				
School Official's Address: Street		_ Zip								
APPLICATION CHECKLIST	The student is responsible for su application becomes complete a						ated. This			
	Student Application with co Current Complete Transcri									
	On-line transcripts are not	,		Scholarship Americ	Scholarship	Program				
	Postmark deadline March 15 One Scholarship Way, P.O. Box 297 Saint Peter, MN 56082									
CERTIFICATION	Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)									
	I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my k nowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.									
	Applicant's Signature					Date				
	Team Member's/Parent's Signat	ure				Date				