

2026-2027 APPLICATION

Wayne E. Hesch Memorial Scholarship Program

Administered by the AMOA Coin-Op Cares Foundation. Created in the memory of Wayne E. Hesch, a former President of AMOA, the scholarship program is designed to provide financial support to students who are, or plan or hope to be engaged in the profession.



Please PRINT or TYPE all entries. Attach additional sheets if more space is needed.

GENERAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE _____ DATE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

1. Are you currently working in the industry?* YES NO 2. Do you plan to work in the industry upon graduation? YES NO

3. Briefly, explain your reasons for applying for this scholarship, why you believe it is important and why it should be awarded to you:

4. How did you find out about this scholarship? FRIEND/FAMILY GUIDANCE COUNSELOR INTERNET SEARCH EMPLOYER PAST RECIPIENT OF SCHOLARSHIP

* AMOA is a non-profit national trade association comprised of approximately 850 owners/operators, distributors/suppliers and manufacturers of commercial amusement, music, entertainment and vending equipment.

EDUCATION

I presently attend: HIGH SCHOOL COMMUNITY COLLEGE 4 YEAR COLLEGE/UNIVERSITY GRADUATE SCHOOL VOCATIONAL SCHOOL

Name of school _____ City _____ State _____ Zip _____

Grade Point Average _____ You must have a 3.00 minimum GPA to apply. Grade point average must be given in U.S. standard format (4.0). A copy of your most recent transcript must accompany your application. See requirements below for official transcripts.

Next Fall, I will be a: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE STUDENT

In the Fall, my College will be: _____ Major _____

City _____ State _____ Zip _____

TRANSCRIPT REQUIREMENTS FOR STUDENTS

Official Paper Transcripts:

- Can be retrieved through your school's guidance office
- Are the original document, NOT a photocopy or printout

Official Electronic "e-Transcripts":

- We accept electronic transcripts as long as they are e-mailed directly from your school as a secure PDF
- Please send to recipient name: Sadie Sanchez and e-mail: sadie@amoa.com
- It is NOT acceptable to mail AMOA a printed copy of an e-Transcript
- Please make a note on this application or contact AMOA to let us know to expect an e-mail from your school

over --->



380 Terra Cotta Road, Suite F, Crystal Lake, IL 60012
815-893-6010 • www.amoa.com



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EMPLOYMENT HISTORY

List your last two employers beginning with the most recent:

EMPLOYER _____	POSITION/DUTIES _____	DATES _____
EMPLOYER _____	POSITION/DUTIES _____	DATES _____
EMPLOYER _____	POSITION/DUTIES _____	DATES _____

ACTIVITIES

List your current community or extracurricular activities:

List any academic honors you have received:

List any office or other industry leadership positions you have held:

STUDENT'S ACTUAL/ANTICIPATED INCOME & EXPENSES FOR ONE SCHOOL YEAR AT COLLEGE/UNIVERSITY

Estimate the total cost of your tuition and expenses for one school year. \$ _____

What percentage of costs will be covered by: Parents/Family? _____% Other Scholarships/Grants? _____% Loans (for which you are personally responsible) _____%

REQUIRED SIGNATURES

A. Your Parents/Guardians: If you are claimed by your parents/guardians as a tax deduction, **THEY MUST** complete and sign the section below:

Number of dependent children currently attending college, including applicant: _____

Parent/Guardian Signature _____ Date _____

B. You agree to furnish the AMOA Coin-Op Cares Foundation proof of course completion and grade point average. I certify/accept that:

1. The information contained in this application is complete and accurate to the best of my knowledge.
2. I acknowledge it is my responsibility to follow up with AMOA to confirm receipt of ALL materials sent by mail, fax, and/or email, including my application and transcript.
3. The AMOA Coin-Op Cares Foundation reserves the right to decline my application if it is received after the following deadlines:
 - Application deadline: February 20, 2026
 - Final due date for transcript: February 27, 2026

Signature of Applicant _____ Date _____

C. An AMOA Member: We are aware that this applicant is applying for an AMOA Coin-Op Cares Foundation Scholarship and we support this effort.
(Your company's membership must be in good standing at the time of application review by the Foundation Board in mid-March.)

Name _____ Company _____

Address _____

Signature of AMOA Member verifying this application _____ Date _____

Relationship to Applicant _____

Important: Read this form completely! Any form not fully completed will be disqualified for scholarship consideration.

Applications must be received no later than February 20, 2026. NO EXCEPTIONS! Transcripts must be received no later than February 27, 2026. It is the responsibility of the applicant to confirm receipt of application and transcript.

Scholarship awards will be mailed out approximately July 10 for the 2026-2027 school year.

Checks will be sent to the recipient's address provided on this application and made out to the college as indicated.

Questions? Call AMOA at 800-937-2662.

Applications with required documents should be mailed to:

AMOA Coin-Op Cares Foundation, Wayne E. Hesch Memorial Scholarship Program, 380 Terra Cotta Road, Suite F, Crystal Lake, IL 60012