

FAPSC FOUNDATION SCHOLARSHIP APPLICATION

PERSONAL			
First Name: _____	Middle: _____	Last: _____	
Address: _____			
City: _____		State: _____	Zip: _____
Are you a U.S. citizen or legal resident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone 1: (____)____-____		Telephone 2: (____)____-____	
Email address: _____			

FAPSC Member School	
Campus Name: _____	Campus Address: _____
Campus President Name: _____	Campus Telephone Number: _____
Registrar Name and email: _____	
Program Name: _____	Expected Graduation Date: _____

EDUCATION	
High School: _____	City: _____ State: _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , name as it appears on records: _____	Month/year of graduation: _____
If no , did you receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT			
<i>Please note relevant employment experience.</i>			
Employer	Dates of Employment	Job Duties	Hours Per Week

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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AWARDS

Please list any academic or social service awards and honors received. You may include professional organizations, social clubs, and activities.

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SCHOLARSHIP APPLICATION

Include with this document, a **typed** Personal Statement/Essay of no more than **500 words** which must describe/include, the following six elements:

1. *a brief synopsis of your current situation*
2. *experiences that have motivated you to pursue your education at a FAPSC member school (include the name of the school and program of study you have chosen)*
3. *how these experiences will aid you in this career choice*
4. *your personal goals and aspirations*
5. *how education will help you achieve these goals.*
6. *why the FAPSC Foundation should consider you for a scholarship.*

Please share any additional information that you feel would help the committee learn more about you and aid them in making their selections.

NOTE: 500 words is approximately one typed page single spaced or two typed pages double spaced.

Attach **two letters of recommendation**:

These references should be from employers, associates, current or former instructors, or other parties qualified to speak to the applicant's character, commitment, and desire to continue their education

Upon completion of application, sign, and date.

Return the completed form, personal statement/essay and letters of recommendation electronically to the FAPSC Foundation: application@FAPSCFoundation.org before the established deadline for the application and award cycle.

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AUTHORIZATION

Applicant must sign below to be considered.

I have read and understand the requirements and instructions for this scholarship. I affirm that I plan to pursue a career upon graduation from a FAPSC member school. I give permission to officials of the FAPSC member school to release academic transcripts and other information requested if I am chosen as a recipient of the scholarship. I affirm that I meet all the requirements and that the information provided in this application is true and correct to the best of my knowledge. The personal statement is my own original work and does not infringe on the rights of any third party. If this scholarship for which I am applying is granted to me and I accept it, I hereby agree to abide by the provisions as described in the FAPSC member school catalog and ancillary materials. I further understand that if I withdraw or am dismissed from the FAPSC member school prior to completion of my program, I will not be eligible to apply for or receive further scholarship disbursements from the FAPSC Foundation. In the event I am selected as a recipient of a scholarship, I grant permission to the FAPSC Foundation and the FAPSC member school to use my name and likeness as well as my personal statement or excerpts from that statement in conjunction with press releases and marketing materials related to the FAPSC Foundation and the scholarship award.

Applicant Signature: _____ Date: _____

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