



AAF-CLEVELAND Education Foundation Scholarship Application

EDUCATION FOUNDATION

Send, fax or email copies of application and support materials by October 28, 2011

AAF-Cleveland
Education Foundation
4700 Rockside Rd., Suite 325
Independence, OH 44131
Phone (216) 901-4000
Fax (216) 901-4003
Email: adassoc@aafcleveland.com

Applications Due October 28, 2011

Students Who Qualify Must:

- Be pursuing an associate's or bachelor's degree with a communications/marketing-related major (such as advertising, marketing, graphic design, photography, interactive marketing, copywriting, public relations, web design, media planning etc.)
- Be enrolled in your junior or senior year (graduating between 2012 and 2013)
- Carry a full course-load and hold a current minimum GPA of 3.0 or higher
- Attend an Ohio college or university
- Live in Ohio and qualify for in-state tuition

To have this application considered you must:

- Complete this form. Need more space? Enclose additional, single-sided, double-spaced information on letter-sized paper. No hand written attachments.
- Enclose an up-to-date transcript of your grades.
- Enclose two faculty and/or professional recommendation letters.
- Enclose a one-page, single-sided, double-spaced essay about your career goals.

Name _____

School _____ Major _____

Career Objective _____

Anticipated Year of Graduation _____ GPA _____

____ I would also like to be considered for the minority scholarship(s) that will be awarded. I am A U.S. citizen of African, Asian, Hispanic, Native American or Pacific-island descent.

(more information on back)

To contact you at home:

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

To contact you at school:

Address _____

City _____ State _____ Zip _____

Phone: _____

Email _____

Extracurricular activities

Please describe your involvement in civic, professional, social or other organizations. Include dates when possible.

Awards and scholarships received:

Include name, purpose and date.

Faculty acknowledgement

As the student advisor or department head, I have read this application and believe to the best of my knowledge that it accurately represents the student.

Name _____ Title _____

Dept. _____ Phone _____

Faculty signature _____ Date _____

Applicant signature _____ Date _____

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