

**Ann Arbor Graphic Arts  
Memorial Foundation, Inc.**  
Scholarship Grant Application

**PLEASE NOTE THE FOLLOWING**

*These scholarships are not intended to support candidates pursuing degrees in the Fine Arts.*

**The applicant must be:**

- enrolled or accepted in a full-time ***approved graphic communications course of study*** at an accredited two or four year college or university.
- a Michigan resident or an “out of state” student enrolled in an ***approved graphic communications course of study*** at one of Michigan’s colleges or universities. Scholarship grants are restricted to colleges, universities, and community colleges that offer two and/or four year programs leading to an associate or bachelor’s degree recognized by the graphic communications industry.

# Ann Arbor Graphic Arts Memorial Foundation, Inc.



## Scholarship Grant Application

### The Program:

The Ann Arbor Graphic Arts Memorial Foundation, Inc. is a nonprofit corporation established in 1981 to provide financial assistance for advanced education for men and women pursuing careers in graphic communications.

For the purpose of this scholarship, graphic communications includes the family of market segments embracing the various technologies of printing and publishing.

**These scholarships are not intended to support candidates pursuing degrees in the Fine Arts.**

Awards are given without regard to race, color, creed, religion, sex, disability, or national origin.

### Eligibility:

The applicant must be:

- enrolled or accepted in a full-time **approved graphic communications course of study** at an accredited two or four year college or university.
- a Michigan resident or an "out of state" student enrolled in an **approved graphic communications course of study** at one of Michigan's colleges or universities

Scholarship grants are restricted to colleges, universities, and community colleges that offer two and/or four year programs leading to an associate or bachelor's degree recognized by the graphic communications industry

### Scholarship Awards:

The number and the amount of the awards granted are dependent upon the funds available. The award amount will be at least \$2,000. A scholarship grant may be awarded for the full four years of college ( unless otherwise specified) provided the recipient maintains a high scholastic average and continues studies in an approved graphic communications program of study. The student's transcript is reviewed at the end of each academic year and, if satisfactory, the award may be extended for the next year.

### Application:

Students must complete the application and mail it along with a complete high school or college transcript of grades to the Ann Arbor Graphic Arts Memorial Foundation, Inc., postmarked no later than March 1.

Applicants are solely responsible for gathering and submitting all necessary information.

### Recipient Selection:

Scholarship recipients are selected on the basis of:

- **statement of graphic communication career goal**
- academic achievement, leadership, participation in school and community activities
- honors and work experience
- recommendations as specified

Scholarships awarded will be based on the Ann Arbor Graphic Arts Memorial Foundation, Inc. selection procedures and available funds. Not all applicants will receive awards.

### Payment of Awards:

Scholarship payments are made by the Ann Arbor Graphic Arts Memorial Foundation, Inc. and mailed to the college or university selected by the award winner. The institution will be authorized to draw upon the grant for payment of tuition and other fees.

### Obligations:

Scholarship recipients must enroll in their educational programs no later than Fall of the year in which their awards are given. Recipients have no obligations to the Ann Arbor Graphic Arts Memorial Foundation, Inc. They are, however, required to provide the Ann Arbor Graphic Arts Memorial Foundation, Inc. with **current transcripts and a current photograph** to be used for the foundation's Annual Report. Recipients are to notify the foundation of any changes of address, school enrollment, or other pertinent information.

### Revision Policy:

The general conditions and procedures under which scholarships are made are subject to periodic review by the Ann Arbor Graphic Arts Memorial Foundation, Inc., including termination of the program.

### For More Information:

#### Contact:

Ann Arbor Graphic Arts Memorial Foundation, Inc.  
P. O. Box 1951  
Ann Arbor, MI 48106



(2008)



**ANN ARBOR GRAPHIC ARTS MEMORIAL FOUNDATION, INC.  
"SCHOLARSHIP GRANT PROGRAM"**



**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES.** Completeness and neatness insure your application will be reviewed properly.

Dear Scholarship Applicant:

Thank you for your interest in the "Scholarship Grant Program" offered by the Ann Arbor Graphic Arts Memorial Foundation. This program is for high school seniors, high school graduates or college undergraduates enrolled or planning to enroll in a graphic communications program at a two or four-year college or university.

Every complete application received by the required deadline will be given a fair and careful evaluation. All information will be held in strict confidence. All applications become the property of the Ann Arbor Graphic Arts Memorial Foundation and cannot be returned.

- The application postmark deadline is March 1.
- A current complete transcript is required and must be submitted with the application. On-line transcripts and grade reports are not acceptable.
- The applicant appraisal section must be completed and contain the proper signatures.
- Carefully review your completed application before it is submitted. Only those applications found complete will be processed.
- YOU are responsible for forwarding all required information.

**APPLICANT DATA**

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

PERMANENT HOME MAILING ADDRESS Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**COLLEGE OR UNIVERSITY INFORMATION** *Use official school names. Do not use abbreviations.*

Name of Institution \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major or course of study \_\_\_\_\_

Degree/Diploma to be obtained \_\_\_\_\_

Anticipated graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Class status:  Beginning freshman  Sophomore  Junior  Senior

*If you are not presently enrolled: List the Institution(s) where you have applied and your intended major or course of study.*

(1st. choice) Institution \_\_\_\_\_ Major / Course of Study \_\_\_\_\_

(2nd. choice) Institution \_\_\_\_\_ Major / Course of Study \_\_\_\_\_

(3rd. choice) Institution \_\_\_\_\_ Major / Course of Study \_\_\_\_\_

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**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. VICA, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

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

**WORK EXPERIENCE**

Describe your work experience during the past four years (e.g., food server, baby-sitting, lawn mowing, office work, etc.). Indicate dates of employment for each job and approximate number of hours worked each week.

Employment/Position	Dates		Hours per Week
	From-Mo/Yr	To-Mo/Yr	

**GOALS AND ASPIRATIONS**

Make a brief statement of your plans as they relate to your educational and graphic communications career objectives and long-term goals.

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**NEED AND CIRCUMSTANCES**

Describe your reason/s for financial need and/or any circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

*To be completed by a high school or college counselor or advisor, an instructor, or work supervisor who knows you well.*

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 choice of a post-secondary educational program in graphic communications is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

**An official transcript of grades must be sent with this application.** On-line transcripts and grade reports will not be accepted.

- Students currently or previously enrolled in college must** include all college transcripts of grades. (Completion of the next item #2 is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____
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Cumulative Grade Point Average	
Weighted: _____	/4.0 scale
Unweighted: _____	/4.0 scale

SAT 1	
Verbal	Math

ACT	
English	Math

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 School Official's Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION CHECKLIST & CERTIFICATION**

- The student is responsible for submitting all materials on time. **Postmark deadline March 1**
- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)
- Completed "Applicant Appraisal"
- All materials, including transcript, must be addressed to:  
**Ann Arbor Graphic Arts Memorial Foundation, Inc.**  
**P. O. Box 1951**  
**Ann Arbor, MI 48106**

This application becomes the property of the Ann Arbor Graphic Arts Memorial Foundation, Inc. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the Ann Arbor Graphic Arts Memorial Foundation, Inc. are final. I certify that I meet the eligibility requirements of the program and that the information provided is accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_