



DEPENDENT SCHOLARSHIP

The Arizona Food and Drug Industry Education Foundation was established solely and exclusively to support and encourage education, training and instruction for AFMA member company employees and their dependents.

Scholarships are available to dependents whose parent(s) or guardian(s) are actively employed by an AFMA member company.

Purpose

To provide assistance for the education of individuals who have provided evidence of having the intelligence, aptitude and self-discipline necessary to be successful at the college or university level.

Objectives

Funds appropriated through the Scholarship program can be used to attend an accredited community college, college or university located in the state of Arizona.

Eligibility

Scholarships are available to dependents whose parent(s) are actively employed by an AFMA member company for at least one year.

Dependents are defined as: a subject of legal guardianship during his/her minority; a natural or legally adopted child; and under the age of 23. 24 if he/she is a full time student for at least five months during that year.

Requirements

Scholarships are available to individuals who:

- Plan to obtain a degree
- Carry a minimum of 9 credit hours

Funding

Scholarships are awarded based on fundraising levels from the prior year and may be used to cover the expense of tuition, fees and textbooks.

Payment

Half of the funding will be paid directly to the school at the start of the semester.

The applicant must provide proof of a "C" or better to qualify for the remainder of the funding and contact the Foundation office in writing with the name and the address of the school they will be attending the second semester.

Application

Applications must be received in the Foundation office by April 1.

A written recommendation from an adult not related to you (i.e. school counselor, previous employer, minister, etc.). A photo of the applicant is also required for promotional purposes, and will not be returned.

Applications may be mailed or hand delivered to the office of: Foundation: c/o AFMA • 120 E. Pierce St. • Phoenix, AZ 85004, Faxed to 602.252.9021 or emailed to droth@afmaaz.org

Scholarships are renewable each calendar year and recipients must reapply each year.

Applicants will be contacted in a timely manner with the decision of the review committee.

Review Criteria

Scholarships will be awarded upon the decision of the Scholarship Review Committee.

The Committee's decision will be based on:

- Demonstrated Leadership
- Academic achievement
- Financial need
- Required documentation

Applicants may not apply for both tuition reimbursement and a scholarship in the same calendar year.

Funding for the Arizona Food & Drug Industry Education Foundation has been made possible through the generosity of the following:

— **Members of the Arizona Food Marketing Alliance** —

— **Arizona Food Council** —

— **Estate of Hall of Famer, Earl T. Rutledge** —



DEPENDENT SCHOLARSHIP APPLICATION

Read the Scholarship description thoroughly before completing this application. All information provided will be accessible only by the Scholarship Review Committee. The decisions of the Scholarship Review Committee are final.

Application Instructions: Print or type accurately, legibly and completely.

Procedures to follow: Attach a letter of recommendation as indicated in the description. Include a color photo of yourself (will not be returned). Mail or hand-deliver application to: AFMA office located at: 120 East Pierce Street, Phoenix, AZ 85004; or fax it to: 602.252.9021 or scan it and email to droth@afmaaz.org. **Deadline for application is April 1.**

Name in full: _____ Social Security #: _____

Address: _____
(Street or Box #) (City) (State) (Zip)

Telephone: _____ FAX: _____ E-mail: _____

Parent(s) or guardian(s) information:

Name: _____ Employed by: _____ Title: _____ How Long? _____

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1. LIST YOUR CURRENT AND PAST WORK EXPERIENCES:

<i>Position</i>	<i>Employer</i>	<i>City</i>	<i>Dates of Employment (From - To)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. LIST YOUR EDUCATIONAL BACKGROUND:

<i>High School or College Attended</i>	<i>City</i>	<i>Dates (From - To)</i>	<i>Grade Point Average</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. COMPLETE NAME AND ADDRESS OF COLLEGE, COMMUNITY COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND:

4. LIST NUMBER OF CREDIT HOURS YOU ARE TAKING AND AREA OF CONCENTRATION:



DEPENDENT SCHOLARSHIP APPLICATION

5. ESTIMATE TOTAL EXPENSES FOR YEAR; BE SPECIFIC. (TUITION, FEES AND BOOKS ONLY): _____

6. EXPLAIN YOUR EDUCATIONAL GOALS; WHAT IS YOUR MAJOR? _____

7. HOW DO YOU ENVISION YOUR CAREER UNFOLDING IN THE NEXT 10 YEARS? _____

8. TELL US ABOUT YOURSELF. INCLUDE ANY DETAIL ABOUT ACADEMIC HONORS, LEADERSHIP ROLES, PERSONAL ACHIEVEMENTS, EXTRA-CURRICULAR ACTIVITIES I.E. SPORTS/DRAMA ETC., OR INVOLVEMENT IN COMMUNITY SERVICE. _____

9. WHY ARE YOU REQUESTING FINANCIAL ASSISTANCE? INCLUDE ANY FACTS OR CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN YOUR REQUEST FOR FINANCIAL AID AND WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR A RETAIL FOOD INDUSTRY SCHOLARSHIP. (ATTACH ADDITIONAL PAPER AS NEEDED)

Signature of Applicant: _____ Date: _____

I have answered all questions honestly and to the best of my ability. I realize that false information will eliminate my application for consideration of any Foundation funding. I authorize any necessary inquiries into my character and reputation, releasing those supplying information from all liability.