

# SCHOLARSHIP PROGRAM



*Dependent Application*

Arizona Food & Drug Industry  
Education Foundation

**Arizona Food & Drug Industry Education Foundation**

AFMA • 120 E. Pierce • Phoenix, AZ 85004

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# **T**he Arizona Food and Drug Industry Education Foundation was established solely and exclusively to support and encourage education, training and instruction for the Arizona Food and Drug Industry.

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

## **P**URPOSE

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.

## **O**BJECTIVES

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

## **E**LIGIBILITY

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

Children are defined as: a subject of legal guardianship during his/her minority; a natural or legally adopted child; and under the age of 23.

## **R**EQUIREMENTS

Scholarships are available to individuals who:

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

## **F**UNDING

Scholarships are awarded to cover the expense of tuition, fees and textbooks.

## **P**AYMENT

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

The applicant must provide proof of a 2.0 GPA 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.

## **R**EVIEW 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

## **A**PPPLICATION

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

A written recommendation from an adult not related to you (i.e. school counselor, previous employer, minister, etc.) must be attached to the application.

Applications may be mailed or hand delivered to the Foundation office:

c/o AFMA  
120 E. Pierce St.  
Phoenix, AZ 85004

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

Scholarships are renewable each calendar year, with a maximum award of \$1,000 - \$1,500 annually to students who exhibit academic excellence.

**Funding for the Arizona Food and Drug Industry Education Foundation is made possible through the generosity of the following:**

- The Members of the Arizona Food Marketing Alliance
- Arizona Food Council
- Estate of Earl T. Rutledge

# ARIZONA FOOD AND DRUG INDUSTRY EDUCATION FOUNDATION

## *Scholarship Application*

Read the Scholarship brochure 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 from an adult not related to you (i.e. your high school counselor, previous employer, minister, etc.) Mail or hand-deliver application to:

AFMA office at: 120 E. Pierce, Phoenix, AZ 85004. **Deadline for application is May 1.**

1. Name in full: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Street or Box Number) (City) (State) (Zip)

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Parent(s) or guardian(s) information:

Name: \_\_\_\_\_ Employed by: \_\_\_\_\_ Title: \_\_\_\_\_ How long?: \_\_\_\_\_

Name: \_\_\_\_\_ Employed by: \_\_\_\_\_ Title: \_\_\_\_\_ How long?: \_\_\_\_\_

5. List your current and past work experiences:

Position	Employer	City	Dates (From-To)
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6. List your educational background:

High School or College Attended	City	Dates (From-To)	Grade Point Average
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7. SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

8. Are you currently receiving funding from any other source (i.e. your employer or another scholarship)? \_\_\_\_\_

From whom and how much? \_\_\_\_\_

9. Complete name and address of college, community college or university you plan to attend:

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10. List number of credit hours you are taking and area of concentration: \_\_\_\_\_

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12. Estimate total expenses for year, be specific (tuition, fees and books only): \_\_\_\_\_

13. Explain your educational goals:

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14. How do you envision your career unfolding in the next 10 years?

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15. Tell us about yourself. Include any detail about academic honors, leadership roles, personal achievements or involvement in community service.

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16. 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 Food Industry Scholarship. (attach additional paper as needed)

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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.