



AFSA 2018-2019 SCHOLARSHIP PROGRAM APPLICATION

1101 17th Street NW Suite 408, Washington, DC 20036
Phone (202)986-4209 Fax (202)986-4211 e-mail afsa@AFSAadmin.org

INSTRUCTIONS FOR AFSA SCHOLARSHIP PROGRAM

- ✓ Please fill out the appropriate sections of all forms completely, as indicated on each of the forms. Please PRINT clearly or TYPE! If you need extra space, additional blank pages are at the end of the application. All forms should be collected by the applicant and returned together.
- ✓ Biographical Questionnaire (FORM 1) and AFSA Membership Verification Form (FORM 5) along with this Instruction Sheet should be returned with all other forms by the applicant.
- ✓ The Secondary School Report (FORM 2) should be filled out by the applicant first (top section), and then submitted to the applicant's school office for completion; and returned by the applicant.
- ✓ The Personal Evaluations (FORMS 3&4) should be filled out by the applicant first (top section), and then given to two evaluators familiar with the applicant's academic activities for completion. Return them together with all other forms.
- ✓ Make sure that all forms (including this instruction sheet) are signed in the appropriate places, and are mailed to:

AFSA Scholarship Committee
1101 17th ST, NW, Ste. 408
Washington, DC 20036

ALL MATERIALS MUST BE POSTMARKED BY **February 28, 2019**

For AFSA Use Only	Applicant Name: _____
<input type="checkbox"/> Biographical Questionnaire FORM 1 Received Date:	_____
<input type="checkbox"/> Secondary School Report FORM 2 Received Date:	_____
<input type="checkbox"/> Personal Evaluation FORM 3 Received Date:	_____
<input type="checkbox"/> Personal Evaluation FORM 4 Received Date:	_____
<input type="checkbox"/> Member Verification FORM 5 Received Date:	_____
<input type="checkbox"/> Application Completed Date:	_____
<input type="checkbox"/> Sent to Scholarship Committee Date:	_____
<input type="checkbox"/> Scholarship Committee Action: <input type="checkbox"/> Funded <input type="checkbox"/> Not-Funded Date:	_____
<input type="checkbox"/> Check Number: _____ Amount: _____ Date: _____	
<input type="checkbox"/> College Acceptance/Attendance Verification Date:	_____

AFSA does not discriminate on the basis of race, religion, gender, age, disability or sexual preference.

Please return completed form postmarked by February 28, 2019 to:
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RUBRIC

Objectives	Superior (4-5 points)	Average (2-3 points)	Below Average (1 point)
Stated reason for applying ___ <i>points</i>	Expresses strong commitment to pursuing education beyond secondary school; uses anecdotal evidence. May or may not also state financial need.	States financial need without reference.	Little to no supporting evidence of need or commitment to educational pursuits.
Clear expression of personal goals ___ <i>points</i>	Clearly expresses their goals for the future and appropriately ties these goals to their higher education aspirations. Examples of how these goals are/have been pursued provided.	Future goals are less clear. Provides few tie-ins among questions and education aspirations.	Little to no mention of future goals. Only answers given questions.
Gives back to the community ___ <i>points</i>	Details commitment to their community (school, local community, etc.) by listing their jobs, volunteer work and other non-school extra-curricular activities; able to tie in these examples within essay responses.	Details commitment to their community (school, local community, etc.) by listing their jobs, volunteer work and other non-school extra-curricular activities solely through listed response.	Little to no mention of community commitment via essay responses or list of activities.
Participation in clubs, organizations, jobs, etc. ___ <i>points</i>	Participated in 3-5 groups throughout secondary school career; served as an officer; received awards for service.	Participated in at least 3 groups; may or may not have served as an officer or received awards.	Participated in less than 3 groups.

Student academic achievement _____points	Excelled in academic achievement; Honors/AP student; received recognition for academic achievement (i.e. National Honors Society member, etc.)	Fair academic achievement; may or may not have received academic recognition.	Poor academic achievement.
Personal evaluations _____points	Evaluation completed by evaluator familiar with applicant's academic activities. Evaluator expands beyond given form and elaborates on applicant's personal character and specifically references commitment to higher education pursuits.	Evaluation completed by evaluator familiar with applicant's academic activities. May or may not include additional reference information.	Evaluation barely completed or incomplete.

Applicant Name _____

Evaluator _____

Total Points Awarded _____ *Points* (out of possible 30 points)



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BIOGRAPHICAL QUESTIONNAIRE – FORM 1 - PAGE 1

Applicant's Name: _____ E-Mail: _____

Name of High School: _____

AFSA Member's Name: _____ AFSA Local Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Anticipated Graduation Date: _____

College expecting to attend in the Fall: _____

INSTRUCTIONS to APPLICANT: Answer the following questions in paragraph form. Try to have your answer completely fill the space provided. You may attach a typed, computer printout to this original, signed form but otherwise, **DO NOT ATTACH ANY SUPPLEMENTAL MATERIAL.**

1. What area of study have you found most stimulating? Why? (Choose an academic subject)

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BIOGRAPHICAL QUESTIONNAIRE – FORM 1 - PAGE 2

2. What single after-school activity is most important to you? How does this activity help to make you a more responsible person? (Choose any club, organization, job or home duty)

3. What personal qualities about yourself do you like most? How do these qualities help you attain your goals? Cite an example.

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BIOGRAPHICAL QUESTIONNAIRE – FORM 1 - PAGE 3

4. List jobs, volunteer work, etc., that are not considered a school extra-curricular activity.

CERTIFICATION

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I may be requested to submit further proof of my parent's AFSA membership, and my acceptance to or enrollment in an accredited college, community college or university. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for an award, my name, photograph, and/or material submitted with this application may be used for publicity purposes with no additional compensation by AFSA or authorization. I also certify that I have read and understand the information above.

Applicant© Signature: _____ Date: _____

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SECONDARY SCHOOL REPORT – FORM 2

(Please PRINT or TYPE)

Applicant's Name: _____

Name of High School: _____

In compliance with Family Educational Right and Privacy Act of 1974, I authorize my High School to release a copy of my transcript and to complete the information requested below.

Signature of Applicant: _____ Date: _____

THIS EVALUATION TO BE COMPLETED BY YOUR PRINCIPAL OR GUIDANCE COUNSELOR

Evaluator's Name: _____ Title: _____

Number of Students Graduating this June: _____ Teacher/Student Ratio: _____

Please explain your school's marking system:

Applicant's Class Rank: _____ Applicant's Total SAT Score: _____

Is the applicant in an accelerated or honors program? (If yes, please describe)

List any off-campus or independent study programs applicant has participated in:

List extra-curricular activities that the applicant participates in:

PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM

Evaluator's E-mail Address: _____

Signature of Evaluator: _____ Date: _____

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PERSONAL EVALUATION – FORM 3 - PAGE 1

(Please PRINT or TYPE)

Applicant's Name: _____

Name of High School: _____

Notice to Applicant: *Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.*

Signature of Applicant: _____ Date: _____

Evaluator's Name: _____ Title: _____

Activity through which you are involved with the applicant: _____

Relationship to Applicant: _____ How long have you known applicant: _____

What qualities impress you most about the applicant? Please cite examples:

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PERSONAL EVALUATION – FORM 3 - PAGE 2

Please make any additional comments which you think will help us evaluate the applicant for the scholarship program:

Evaluator's E-mail Address: _____

Signature of Evaluator: _____ Date: _____

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PERSONAL EVALUATION – FORM 4 - PAGE 1

(Please PRINT or TYPE)

Applicant's Name: _____

Name of High School: _____

Notice to Applicant: *Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.*

Signature of Applicant: _____ Date: _____

Evaluator's Name: _____ Title: _____

Activity through which you are involved with the applicant: _____

Relationship to Applicant: _____ How long have you known applicant: _____

What qualities impress you most about the applicant? Please cite examples:

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PERSONAL EVALUATION – FORM 4 - PAGE 2

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Signature of Evaluator: _____ Date: _____

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AFSA MEMBERSHIP VERIFICATION – FORM 5

(Please PRINT or TYPE)

Applicant's Name: _____

AFSA Member Verification:

I, _____ verify that I have been a member
(Name of AFSA Member)

in good standing of the American Federation of School Administrators, Local # _____,
(AFSA Local Number)

_____ since _____ Member's E-mail: _____
(AFSA Local Name) (Month/Day/Year)

Signature of AFSA Member: _____ Date: _____

Local Union Verification:

Signature: _____ Date: _____
(Local Union Officer)

Print Officer's Name and Union Position: _____

Local Union Officer's E-mail Address: _____

Local President's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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CONTINUATION PAGE FOR FORM: ___ QUESTION: ___

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