

# UMAPP SCHOLARSHIP PROGRAM

Sponsored by the Upper Midwest Association of Promotional Professionals (UMAPP) to assist students of UMAPP members further their education, four scholarships of \$1,500 each will be awarded for the 2009-2010 school year for full-time study at an accredited institution of the student's choice.

## Eligibility

Applicants must be –

- Employees or children of employees, age 24 and under, of members of UMAPP.
- High school seniors or graduates who plan to enroll or who are already enrolled in a full-time\* undergraduate course of study at an accredited two- or four-year college, university or vocational-technical school.
- Students who have a B or better grade point average (3.0 on a 4.0 scale).

*\*Full-time study is defined as full-time enrollment for the entire upcoming academic year.*

## The Award

The award is \$1,500 for one academic year and may be used for tuition, fees and books only.

## Application and Selection Process

- Complete the application and mail it to the address below by postmark deadline **April 1**.
- The selection process will be based on academic record, demonstrated leadership and participation in school and community activities, honors, work experience and a statement of goals. An outside appraisal is also required.
- All applicants will be notified of their status by May 15.

## Questions about the program may be directed to:

UMAPP Scholarship Program  
Scholarship Management Services  
One Scholarship Way, P.O. Box 297  
Saint Peter, MN 56082  
Telephone (507) 931-1682

***Application deadline: April 1***

*This scholarship program is administered by Scholarship Management Services, a division of Scholarship America. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals.*

# UMAPP Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness insure your application will be reviewed properly.

Application postmark deadline **April 1**

FOR  
SCHOLARSHIP  
MANAGEMENT  
SERVICES  
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT  
DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Please indicate your status. (For statistical purposes only)     Male     Female  
 American Indian/Alaska Native     Black/African American     Multi-Racial     White  
 Asian     Hispanic/Latino     Native Hawaiian/Pacific Islander

**UMAPP  
COMPANY  
EMPLOYEE  
INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_  
 Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_

**HIGH  
SCHOOL  
DATA**

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
**Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University     2 yr. Community or Junior College  
 Vocational-Technical School     Other, explain \_\_\_\_\_

Year in school next year:    1    2    3    4    5    or    Graduate Study

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:     Bachelor     Associate     Certificate     Other, explain \_\_\_\_\_

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow 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.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

**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., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

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

**GOALS AND ASPIRATIONS**

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

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** 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 postsecondary educational program 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**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**UMAPP Scholarship Program**  
 Scholarship Management Services  
 One Scholarship Way, P.O. Box 297  
 Saint Peter, MN 56082

**Postmark deadline April 1**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_