

2010 Scholarship Application, College Student

MUST BE POSTMARKED NO LATER THAN TUESDAY, MAY 18, 2010

Graphic Communications Scholarship, Award and Career Advancement Foundation, Inc.

CRITERIA

Use this form if you are:

- A student entering or continuing a college course(s) in Graphic Communications who has not before received a Foundation scholarship
- with a demonstrated interest in Graphic Communications and a plan to major in a discipline leading to a career in the field,
- a permanent resident of one of the five boroughs of New York City **OR** the New York counties of Nassau, Suffolk, Westchester or Rockland **OR** the New Jersey counties of Bergen, Essex or Union.

PLEASE SUBMIT

- A copy of your Official Notice of Acceptance into a two or four year college with a Graphic Communications curriculum anywhere in the country (United States).
- An official copy of your High School transcript showing your grades and grade average.
- An official copy of your most recent SAT or ACT scores.
- An official copy of your current college transcript showing your grades and grade average.
- Proof of your continued enrollment in a two or four year college with a Graphic Communications curriculum anywhere in the country (United States).
- A portfolio in your area of expertise e.g., design and production, photography, illustration, video, web design, etc.
Please provide a minimum of five pieces. Do not include originals. Only prints, CDs or DVDs will be accepted. All work becomes the property of the Foundation and will not be returned. *By submitting your artwork, you agree to permit the Foundation to use your artwork or any other submitted material for the Foundation's promotional purposes in print or on the web.*
- Three letters of support and recommendation:
 - Two from (subject related) faculty members or instructors;
 - One from your former principal, current faculty advisor, teacher or community leader.*Please submit the recommending person/ writer's contact information including e-mail address and phone number, on a separate sheet of paper or e-mail.*
- Your typed, one-page double-spaced statement (300 to 500 words) discussing your particular interest in Graphic Communications and why you should be considered for a scholarship. **This statement is extremely important.**

APPLICANT DATA

I am a citizen or legal resident of the United States

Yes No

Male Female

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS APARTMENT

MAILING ADDRESS APARTMENT

CITY STATE ZIP

HOME TELEPHONE CELL PHONE EMAIL ADDRESS

SOCIAL SECURITY NUMBER DATE OF BIRTH: MONTH / DAY / YEAR

PARENT OR GUARDIAN INFORMATION (If applicable)

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS APARTMENT

CITY STATE ZIP

RELATIONSHIP TO APPLICANT DAYTIME TELEPHONE CELL PHONE E-MAIL ADDRESS

CURRENT SCHOOL DATA

SCHOOL NAME

ADDRESS

CITY STATE ZIP

CONTACT (SCHOOL OFFICIAL, TEACHER, COUNSELOR) TELEPHONE E-MAIL ADDRESS

Applicant's Name _____

SCHOOL HONORS AND SPECIAL RECOGNITION

SCHOOL ACTIVITIES

CLUBS, GROUPS, TEAMS, COMMUNITY SERVICE, ETC. - INCLUDE DATES AND OFFICES HELD

OTHER FUNDING

SCHOLARSHIPS, GRANTS, ETC. (Amount of each, Giver or Provider of each, Are any renewable?)

EMPLOYMENT HISTORY

Include employer, phone number, contact name and e-mail address, dates, hours per week, position, responsibilities (add pages if necessary and/or attach resume)

Applicant's Name _____

SCHOLARSHIP SCHOOL DATA

NAME OF SCHOOL YOU HAVE BEEN ACCEPTED TO ATTEND (Attach copy of your Official Notification of Acceptance)

ADDRESS

CITY

STATE

ZIP

CONTACT

TELEPHONE

4 YEAR COLLEGE OR UNIVERSITY 2 YEAR COMMUNITY OR JUNIOR COLLEGE TECHNICAL SCHOOL

YOUR MAJOR OR COURSE OF STUDY

EXPECTED GRADUATION DATE: MONTH _____ YEAR _____

DEGREE SOUGHT: BACHELOR ASSOCIATE CERTIFICATE OTHER _____

STUDENT WILL: LIVE ON CAMPUS LIVE OFF CAMPUS COMMUTE FROM HOME

STUDENT FINANCIAL STATUS IS/ WILL BE:

DEPENDENT OF PARENT(S) OR GUARDIAN INDEPENDENT STUDENT STATUS

WHERE DID YOU LEARN ABOUT THE SCHOLARSHIP?

WHERE DID YOU GET THIS FORM?

APPLICANT'S SIGNATURE

DATE

PARENT OR GUARDIAN'S SIGNATURE (If applicable)

DATE

Return completed/ signed Application and all Required Application Materials to:
Jerry Mandelbaum
GC Scholarship Foundation
601 West Associates, LLC
601 West 26th Street, Suite 1260
New York, NY 10001

For more information
Call: 212-400-2440
Fax: 646-390-7063
Email: info@GCScholarships.org
Or visit our website:
www.GCScholarships.org

Applicant's Name _____