

# Application for AMSA Scholarship

STUDENT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

AMSA JUNIOR MEMBER? YES NO

HOME ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ AMSA MEMBERSHIP # \_\_\_\_\_

LIST THE INSTITUTIONS OF HIGHER EDUCATION WHERE YOU HAVE APPLIED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPECTED MAJOR OR FIELD OF STUDY: \_\_\_\_\_

HIGH SCHOOL INFORMATION:

NAME OF HIGH SCHOOL \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CLASS RANK(##) \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_ WEIGHTED GPA \_\_\_\_\_

PLEASE ATTACH TO APPLICATION:

1. PARTICIPATION IN HIGH SCHOOL ACTIVITIES, CIVIC, CHURCH OR OTHER BENEVOLENT ORGANIZATIONS.
2. IN A BRIEF PARAGRAPH OR TWO, EXPLAIN WHY YOU FEEL YOU ARE AN OUTSTANDING CANDIDATE FOR THIS SCHOLARSHIP.
3. IN A BRIEF PARAGRAPH OR TWO, EXPLAIN WHAT AMSA AND/OR ASSATEAGUE ISLAND MEAN TO YOU.

PLEASE INCLUDE TWO LETTERS OF RECOMMENDATION FROM TEACHERS, EMPLOYERS, CIVIC LEADERS, MINISTERS, ETC.

APPLICANT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE \_\_\_\_\_  
(MUST BE AN AMSA MEMBER IN GOOD STANDING)

SUBMIT APPLICATION TO: **AMSA SCHOLARSHIP COMMITTEE**  
Heather Quillen  
7563 Purnell Crossing Road  
Berlin, MD 21811

WINNERS MUST USE AWARD BY DECEMBER 31, 2010

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 1, 2010**