

APMA

ARIZONA PETROLEUM MARKETERS ASSOCIATION

SCHOLARSHIP FOUNDATION

APPLICATION

2015 Applications Must Be Received Via Email by April 30



History of the Foundation

The APMA Scholarship Foundation was established to meet the educational needs of deserving employees and children of APMA member Companies. The Foundation was created specifically to encourage and directly benefit students within Arizona's petroleum industry. The Foundation was established as a nonprofit Arizona corporation in 2007.

Eligibility

Applicants must be:

- An APMA member, an employee or a child of an APMA member or employee residing in Arizona. The APMA Member must be in good standing for a minimum of one year as of the application deadline. The applicant or the applicant's parent must be employed a minimum of one year as of the application deadline.
- High school seniors or graduates and college students who are enrolled or will be enrolled in a full-time course of study at an accredited public or private two or four year college, university or vocational/technical school.

Awards

A limited number of scholarships will be awarded each June to selected students. If the student meets eligibility requirements, the scholarship can be renewed. Awards will be granted without regard to race, color, religion, sex, disability or national origin.

Additional information is available online at www.apma4u.org/scholarship-foundation.

ARIZONA PETROLEUM MARKETERS ASSOCIATION SCHOLARSHIP FOUNDATION

APPLICATION

Please type or print all information except for signatures. Attach additional sheets for additional information if needed.

APPLICANT DATA

NAME LAST _____ FIRST _____ MIDDLE INITIAL _____

HOME ADDRESS NUMBER & STREET _____ APARTMENT # _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

PHONE _____ EMAIL _____

APPLICANT APMA RELATIONSHIP INFORMATION

APMA MEMBER COMPANY _____ JOB TITLE/DEPARTMENT _____

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

WORK PHONE (_____) _____ RELATIONSHIP TO APPLICANT _____

THE APPLICANT IS A DEPENDENT OF THE EMPLOYEE YES NO

APPLICANT EMPLOYMENT INFORMATION

EMPLOYER _____ PHONE _____

EMPLOYER'S ADDRESS _____

IMMEDIATE SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

POSITION /TITLE _____

CONTACT FOR EMPLOYMENT VERIFICATION _____ ANNUAL INCOME _____

ARE YOU SUPPORTED FINANCIALLY BY YOUR PARENTS? _____ YES _____ NO

IF YES, WHAT PERCENT IS THAT FINANCIAL SUPPORT? _____

FAMILY FINANCIAL INFORMATION
(IF APPLICABLE)

NAME OF FATHER _____ POSITION /TITLE _____

EMPLOYER _____ EMPLOYER'S PHONE _____

EMPLOYER'S ADDRESS _____

IMMEDIATE SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

CONTACT FOR EMPLOYMENT VERIFICATION _____ ANNUAL INCOME _____

APMA SCHOLARSHIP FOUNDATION APPLICATION

**FAMILY
FINANCIAL
INFORMATION**
(IF APPLICABLE)

NAME OF MOTHER _____ POSITION/TITLE _____

EMPLOYER _____ PHONE _____

EMPLOYER'S ADDRESS _____

IMMEDIATE SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

CONTACT FOR EMPLOYMENT VERIFICATION _____ ANNUAL INCOME _____

NUMBER OF CHILDREN IN FAMILY ___ AGES _____ NUMBER IN COLLEGE _____

LIST NAMES & AMOUNTS OF OTHER SCHOLARSHIPS EARNED:

**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/OR COMMUNITY ACTIVITIES

**HIGH
SCHOOL
DATA**
(IF APPLICABLE)

SCHOOL NAME _____ GRADUATION DATE: MONTH ____ YEAR ____

CITY _____ STATE _____ TELEPHONE _____

**POST-SECONDARY
SCHOOL
DATA**
(IF APPLICABLE)

NAME OF POST-SECONDARY SCHOOL(S) YOU HAVE ATTENDED. USE OFFICIAL SCHOOL NAMES.

_____ CITY _____ STATE _____

- 4-YR COLLEGE OR UNIVERSITY 2-YR COMMUNITY OR JUNIOR COLLEGE
 VOCATIONAL, TECHNICAL SCHOOL OTHER

MAJOR OR COURSE OF STUDY _____ ANTICIPATED DATE OF GRADUATION _____

_____ CITY _____ STATE _____

- 4-YR COLLEGE OR UNIVERSITY 2-YR COMMUNITY OR JUNIOR COLLEGE
 VOCATIONAL, TECHNICAL SCHOOL OTHER

MAJOR OR COURSE OF STUDY _____ ANTICIPATED DATE OF GRADUATION _____

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WORK EXPERIENCE DESCRIBE YOUR WORK EXPERIENCE DURING THE PAST FOUR YEARS. INDICATE DATES OF EMPLOYMENT IN EACH JOB AND EXPERIENCE APPROXIMATE NUMBER OF HOURS WORKED EACH WEEK. LIST AMOUNTS EARNED AT EACH JOB.

COMPANY/POSITION	DATES		HOURS PER WEEK	AMOUNT EARNED
	FROM-MO/YR	TO-MO/YR		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACTIVITIES, AWARDS AND HONORS LIST ALL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (E.G. STUDENT GOVERNMENT, MUSIC, SPORTS, ETC.). LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY. INDICATE ALL SPECIAL AWARDS, HONORS AND OFFICES HELD.

ACTIVITY	NO. OF YEARS PARTIC.	SPECIAL AWARDS HONORS	OFFICES HELD	ACTIVITY	NO. OF YEARS PARTIC.	SPECIAL AWARDS HONORS	OFFICES HELD
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TRANSCRIPT INFORMATION (IF APPLICABLE)
APPLICANT'S RANKING IN HIS/HER CLASS AS PER CUMULATIVE GRADE POINT AVERAGE\4.0 SCALE _____
SAT (COMPOSITE) _____ OR ACT (COMPOSITE) _____
SCHOOL TELEPHONE _____
OFFICIAL'S SIGNATURE _____ DATE _____ TITLE _____ NUMBER _____
SCHOOL OFFICIAL'S ADDRESS _____
STREET CITY STATE ZIP

POST-SECONDARY SCHOOL DATA NAME OF POST-SECONDARY SCHOOL YOU PLAN TO ATTEND. (IF UNKNOWN, PLEASE LIST IN ORDER OF PREFERENCE THE POST-SECONDARY SCHOOLS TO WHICH YOU HAVE APPLIED.)

CITY STATE
CITY STATE
 4-YR COLLEGE OR UNIVERSITY 2-YR COMMUNITY OR JUNIOR COLLEGE
 VOCANTIONAL, TECHNICAL SCHOOL OTHER
MAJOR OR COURSE OF STUDY _____ ANTICIPATED DATE OF GRADUATION _____
MONTH YEAR
STUDENT WILL LIVE ON CAMPUS LIVE OFF CAMPUS COMMUTE FROM HOME
IF SCHOOL CHOICE IS A PUBLIC INSTITUTION, APPLICANT WILL PAY: IN-STATE RESIDENT TUITION OUT-OF-STATE

APMA SCHOLARSHIP FOUNDATION APPLICATION

CERTIFICATION

IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF REQUESTED, I AGREE TO GIVE PROOF OF INFORMATION I HAVE GIVEN ON THIS FORM. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP AWARDED. THIS APPLICATION BECOMES THE PROPERTY OF APMA.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____
(IF APPLICABLE)

ADDITIONAL INFORMATION

QUESTIONS REGARDING THE FOUNDATION AND ITS SCHOLARSHIP PROGRAM SHOULD BE ADDRESSED TO:
AMANDA@APMA4U.ORG

PAYMENT OF SCHOLARSHIP

Scholarship money is paid two times each year in equal installments. The first check and each succeeding one is sent once the APMA office receives notification of registration for the upcoming semester or quarter. Students must be registered on a full-time basis as determined by the institution they are attending.

Each student is expected to maintain a cumulative grade point average (GPA) of 3.0 or above. If a GPA falls below 3.0, the student is placed on academic probation. The first half-year portion of the upcoming scholarship year is still paid while on probation. If the GPA during that quarter or semester is 3.0 or above, the second half-year payment will be awarded. The cumulative GPA will again be reviewed at the end of the school year.

If the GPA of a student in the quarter or semester following being placed on probation is less than 3.0, the student is placed on involuntary suspension, and the second half of that year's scholarship will not be paid. Suspension time cannot last longer than three cumulative years. The student may regain active status by providing transcripts showing his/her GPA is at 3.0 or higher.



APMA SCHOLARSHIP FOUNDATION APPLICATION

ARIZONA PETROLEUM MARKETERS ASSOCIATION SCHOLARSHIP FOUNDATION

AMANDA@APMA4U.ORG

PHONE: 602-330-6762 * FAX: 602-391-2817

EVALUATION FORM

TO BE COMPLETED BY A HIGH SCHOOL OR COLLEGE COUNSELOR OR ADVISOR, AN INSTRUCTOR, OR A WORK SUPERVISOR WHO KNOWS YOU WELL.

APPLICANT'S NAME _____

YOU HAVE BEEN ASKED TO PROVIDE INFORMATION IN SUPPORT OF THIS APPLICATION. PLEASE GIVE IMMEDIATE APPRAISAL AND SERIOUS ATTENTION TO THE FOLLOWING STATEMENTS. WHEN COMPLETE, PLEASE RETURN TO APPLICANT IN A SEALED ENVELOPE.

THE APPLICANT'S CHOICE OF A POST-SECONDARY EDUCATIONAL PROGRAM	EXTREMELY <input type="checkbox"/> APPROPRIATE	VERY <input type="checkbox"/> APPROPRIATE	MODERATELY <input type="checkbox"/> APPROPRIATE	<input type="checkbox"/> INAPPROPRIATE
THE APPLICANT'S ACHIEVEMENTS REFLECT HIS/HER ABILITY	EXTREMELY <input type="checkbox"/> WELL	<input type="checkbox"/> VERY WELL	MODERATELY <input type="checkbox"/> 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 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	EXTREMELY <input type="checkbox"/> WELL	<input type="checkbox"/> VERY WELL	MODERATELY <input type="checkbox"/> WELL	<input type="checkbox"/> NOT WELL
THE APPLICANT DEMONSTRATES CURIOSITY AND INITIATIVE	EXTREMELY <input type="checkbox"/> WELL	<input type="checkbox"/> VERY WELL	MODERATELY <input type="checkbox"/> WELL	<input type="checkbox"/> NOT WELL
THE APPLICANT DEMONSTRATES GOOD PROBLEM-SOLVING SKILLS, FOLLOWS THROUGH, AND COMPLETES TASKS	EXTREMELY <input type="checkbox"/> WELL	<input type="checkbox"/> VERY WELL	MODERATELY <input type="checkbox"/> 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 NUMBER _____

SIGNATURE _____ DATE _____

BUSINESS ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____

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Additional Required Documents

1. Provide the following information:

- A. A 250 word essay on **why** you are applying for a scholarship, what your **proposed field of study is**, and how this relates to your **career objectives**. Indicate your **choice of study institution** and why you chose that particular institution. This should be no longer than 250 words.
- B. A brief autobiography describing your strengths and weaknesses, your work experience, extracurricular interests and activities. Indicate in which activities you have held leadership positions or would like to hold leadership positions.
- C. Included appraisal form and comments of recommendation from a teacher, counselor, principal or work supervisor that knows you well.
- D. Two letters of recommendation from a source not related to you and not from the school you now attend.

2. If you are a high school student or college student, submit these additional documents:

- A. Transcript of high school grades or college grades (**Original documents only, copies not acceptable**).
- B. SAT and/or ACT scores (**Original documents only, copies not acceptable**).

Submit the application and all required documents **electronically** by
April 30, 2015 :

APMA Scholarship Foundation Secretary Amanda Gray
amanda@apma4u.org

Questions? Call Amanda Gray
at 602-330-6762 or email amanda@apma4u.org

