



ARIZONA PETROLEUM MARKETERS ASSOCIATION  
SCHOLARSHIP FOUNDATION

## ***APPLICATION***

*2017 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](http://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

APMA MEMBER COMPANY JOB TITLE/DEPARTMENT

APPLICANT APMA RELATIONSHIP INFORMATION

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 ANNUAL INCOME UNDER \$50,000 \$50,000 - 100,000 OVER \$100,000

**FAMILY  
FINANCIAL  
INFORMATION**  
*(IF APPLICABLE)*

NAME OF MOTHER \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

ANNUAL INCOME     UNDER \$50,000     \$50,000 – 100,000     OVER \$100,000

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 \_\_\_\_\_

**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 \_\_\_\_\_

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
- VOCATIONAL, 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

**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  
(IF APPLICABLE) \_\_\_\_\_

DATE \_\_\_\_\_

**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 Scholarship Foundation 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.



**ARIZONA PETROLEUM MARKETERS ASSOCIATION SCHOLARSHIP FOUNDATION**

**AMANDA@APMA4U.ORG 602-330-6762**

**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 OR DIRECTLY TO EMAIL LISTED ABOVE.

THE APPLICANT'S CHOICE OF A POST-SECONDARY EDUCATIONAL PROGRAM	<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 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 \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

# **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, advisor, principal or work supervisor that knows you well. This may be sent with your other application materials or directly from your appraiser.
- D.** Two letters of recommendation from a source not related to you and not from the school you now attend. These may be sent with your other application materials or directly from your recommender.

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

- A.** Transcript of high school grades or college grades (**Official documents only, please scan and submit with application packet**).
- B.** SAT and/or ACT scores (**Official documents only, please scan and submit with application packet**).

## **Submittal Instructions**

- 1. Submit the application and all required documents **electronically** by **April 30, 2017** to APMA Scholarship Foundation Secretary Amanda Gray at [amanda@apma4u.org](mailto:amanda@apma4u.org).
- 2. Within 1 business day of your submittal, you will receive an email confirming receipt of your application. If you do not receive this confirmation, please call 602-330-6762.



*Other questions?*

*Call Amanda Gray at 602-330-6762 or email [amanda@apma4u.org](mailto:amanda@apma4u.org)*