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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LAST ___________________________</th>
<th>FIRST ______</th>
<th>MIDDLE INITIAL ______</th>
<th>HOME ADDRESS</th>
<th>NUMBER &amp; STREET ___________________________</th>
<th>APARTMENT # ______</th>
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<td>ADDRESS</td>
<td>CITY ___________________________</td>
<td>STATE ___________________________</td>
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<td>PHONE ___________________________</td>
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</table>

APMA MEMBER COMPANY ___________________________ JOB TITLE/DEPARTMENT ___________________________

**APPLICANT APMA RELATIONSHIP INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST ______</th>
<th>MIDDLE INITIAL ______</th>
<th>WORK PHONE (______)</th>
<th>RELATIONSHIP TO APPLICANT ___________________________</th>
</tr>
</thead>
</table>

THE APPLICANT IS A DEPENDENT OF THE EMPLOYEE __ YES __ NO

**APPLICANT EMPLOYMENT INFORMATION**

<table>
<thead>
<tr>
<th>EMPLOYER ___________________________</th>
<th>PHONE ___________________________</th>
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<tbody>
<tr>
<td>EMPLOYER’S ADDRESS ___________________________</td>
<td>___________________________</td>
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<tr>
<td>IMMEDIATE SUPERVISOR ___________________________</td>
<td>LENGTH OF EMPLOYMENT ___________________________</td>
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<tr>
<td>POSITION /TITLE ___________________________</td>
<td>CONTACT FOR EMPLOYMENT VERIFICATION ___________________________</td>
</tr>
</tbody>
</table>

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

IF YES, WHAT PERCENT IS THAT FINANCIAL SUPPORT? ____________

**FAMILY FINANCIAL INFORMATION (IF APPLICABLE)**

<table>
<thead>
<tr>
<th>NAME OF FATHER ___________________________</th>
<th>POSITION /TITLE ___________________________</th>
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<td>EMPLOYER ___________________________</td>
<td>EMPLOYER’S PHONE ___________________________</td>
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<td>EMPLOYER’S ADDRESS ___________________________</td>
<td>___________________________</td>
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<tr>
<td>IMMEDIATE SUPERVISOR ___________________________</td>
<td>LENGTH OF EMPLOYMENT ___________________________</td>
</tr>
</tbody>
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ANNUAL INCOME

☐ UNDER $50,000 ☐ $50,000 – 100,000 ☐ OVER $100,000

APMA SCHOLARSHIP FOUNDATION APPLICATION
**FAMILY INFORMATION**

- **NAME OF MOTHER**
- **POSITION/TITLE**

- **EMPLOYER**
- **PHONE**

- **EMPLOYER'S ADDRESS**
- **LENGTH OF EMPLOYMENT**

- **IMMEDIATE SUPERVISOR**

**FINANCIAL INFORMATION (IF APPLICABLE)**

- **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 ____________**

- **MAJOR OR COURSE OF STUDY ___________________ ANTICIPATED DATE OF GRADUATION ________ ________**

- **CITY ___________________ STATE ____________**

- **MAJOR OR COURSE OF STUDY ___________________ ANTICIPATED DATE OF GRADUATION ________ ________**

- **CITY ___________________ STATE ____________**

- **MAJOR OR COURSE OF STUDY ___________________ ANTICIPATED DATE OF GRADUATION ________ ________**

- **CITY ___________________ STATE ____________**
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.

<table>
<thead>
<tr>
<th>COMPANY/POSITION</th>
<th>DATES</th>
<th>HOURS PER WEEK</th>
<th>AMOUNT EARNED</th>
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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.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>NO. OF YEARS PARTICIPATED</th>
<th>SPECIAL AWARDS</th>
<th>OFFICES HELD</th>
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TRANSCRIPT INFORMATION

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

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 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.
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

☐ EXTREMELY APPROPRIATE ☐ VERY APPROPRIATE ☐ MODERATELY APPROPRIATE ☐ INAPPROPRIATE

THE APPLICANT’S ACHIEVEMENTS REFLECT HIS/HER ABILITY

☐ EXTREMELY WELL ☐ VERY WELL ☐ MODERATELY WELL ☐ NOT WELL

THE APPLICANT’S ABILITY TO SET REALISTIC AND ATTAINABLE GOALS IS

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

THE QUALITY OF THE APPLICANT’S COMMITMENT TO SCHOOL AND COMMUNITY IS

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

THE APPLICANT IS ABLE TO SEEK, FIND, AND USE LEARNING RESOURCES

☐ EXTREMELY WELL ☐ VERY WELL ☐ MODERATELY WELL ☐ NOT WELL

THE APPLICANT DEMONSTRATES CURIOSITY AND INITIATIVE

☐ EXTREMELY WELL ☐ VERY WELL ☐ MODERATELY WELL ☐ NOT WELL

THE APPLICANT DEMONSTRATES GOOD PROBLEM-SOLVING SKILLS, FOLLOWS THROUGH, AND COMPLETES TASKS

☐ EXTREMELY WELL ☐ VERY WELL ☐ MODERATELY WELL ☐ NOT WELL

THE APPLICANT’S RESPECT FOR SELF AND OTHERS IS

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

COMMENTS
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

APPRaiser’S NAME & TITLE __________________________________________ PHONE NUMBER ______________________________

SIGNATURE ___________________________________________________ DATE ________________________________

ADDRESS __________________________________________ CITY __________________________ STATE ______________ ZIP __________

APMA SCHOLARSHIP FOUNDATION APPLICATION
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, 2018 to APMA Scholarship Foundation Secretary Amanda Gray at 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

APMA SCHOLARSHIP FOUNDATION APPLICATION