



2141 E Broadway, Suite 202
Tempe, AZ 85282
www.ahela.org

AHELA Scholarship Application

STUDENT APPLICANT: Complete all questions in their entirety. Sign full name.

Mail completed application to:

AHELA
Attn: Scholarship Entry
2141 E Broadway Rd, Suite 202
Tempe, AZ 85282

Deadline for Postmark: March 5th, 2008

General Requirements:

Applicants must:

- be a high school senior graduating from an accredited Arizona high school or a college student attending an accredited Arizona college
- be attending a state of Arizona four year college, university or community college in Fall 2008 enrolled as a full-time student
- have a minimum 2.50 Grade Point Average
- intend to obtain a BA or BS degree within 5 years
- be academically motivated as determined by a school transcript

Additional Requirements:

- Submit completed scholarship application
- Submit a 300 word or less essay **OR** information about academic achievements and community involvement. This is based on the individual scholarship requirements.
- If selected as a finalist, you must complete ALL participation requirements of the scholarship program. You must:
 - Provide requested documentation to verify eligibility
 - Participate in AHELA Awards Ceremony & Luncheon to receive scholarship
 - Work and live in Arizona for 3 years following graduation from a nursing or teaching program or you may be required to repay the scholarship

AHELA Scholarship Application

I. SCHOLARSHIP PROGRAM - Fill out this application packet for each scholarship you apply to. (You can apply for multiple scholarships if you meet their qualifications.)

- | | |
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| <input type="checkbox"/> AHELA Cares | <input type="checkbox"/> AHELA Nurses |
| <input type="checkbox"/> AHELA Educators | <input type="checkbox"/> AHELA Community Leaders |

II. PERSONAL STUDENT INFORMATION:

Full Name	Age	Date of Birth	Place of Birth
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Current Address: Street, City, Zip

Current Phone Number:	Current Email Address:
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Name & Address of High School: _____ If not a high school senior, check here:

Indicate the College, University, Community College or other accredited post-high school institution of Higher Education you plan to attend and its address:	Grade in School:	If 1 st year, have you been accepted?
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List your intended career or major/minor.	Major	Minor	Estimated Completion date
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about the Scholarship: _____

II. Grade Point Average: _____ (Enter estimated grade point average here)

If selected as a finalist, you will be required to provide transcripts showing your current grade point average. If you are a high school senior your high school grade point average will be used. If you are in college, your college grade point average will be used.

III. Family Income: _____ (Enter adjusted gross income from federal taxes)

If selected as a finalist, you will be required to provide proof of income in the form of a copy of federal taxes and/or federal student aid report from the department of education. If you are under the age of 24, family income includes that of your parents.

V. DOCUMENTATION:

Please initial each box.

If selected as a finalist, I agree to provide proof of enrollment in an eligible institution and proof of identity/citizenship in the form of a driver's license or other valid state ID.

If selected as a finalist, I agree to provide proof of my current grade point average in the form of sealed and certified transcripts or a certified letter from an authorized school official.

If selected, I agree to accept the scholarship at an awards banquet and I provide permission for my essay and my photo to be used in announcements of winners, press releases, and for general publicity.

By submitting this application and essay, all information and material are the sole property of AHELA and can be used by AHELA for marketing, future promotions, publicity, press releases, and other uses deemed appropriate by AHELA and its partners.

I certify that I am or will be attending an Arizona college, university, or community college.

VI. CERTIFICATION:

I have read the instructions and assertions on this form. I certify the above statements are correct and true to the best of my knowledge and belief. I understand that if I am unable to provide proof of eligibility, fail to comply with any of the terms, or unable to be present to receive the scholarship in person, I may be disqualified from the scholarship contest.

Signature of Applicant: _____ Date: _____

Signature of parent, if applicant is under the age of 18 years old:

Signature: _____ Date: _____

THIS BOX IS FOR OFFICE USE ONLY