



## AFSA 2019-2020 SCHOLARSHIP PROGRAM APPLICATION

1101 17th Street NW Suite 408, Washington, DC 20036  
Phone (202)986-4209 Fax (202)986-4211 e-mail [afsa@AFSAadmin.org](mailto:afsa@AFSAadmin.org) ID Code: \_\_\_\_ \_

### INSTRUCTIONS FOR AFSA SCHOLARSHIP PROGRAM

- ✓ Please fill out the appropriate sections of all forms completely, as indicated on each of the forms. Please PRINT clearly or TYPE. If you need extra space, additional blank pages are at the end of the application. All forms should be collected by the applicant and returned as a single complete package.
- ✓ Cover Sheet and Essay Questions (FORM 1) should be filled out by the applicant.
- ✓ The Secondary School Report (FORM 2) should be filled out by the applicant first (top section), and then submitted to the applicant's school office for completion.
- ✓ The Personal Evaluations (FORMS 3&4) should be filled out by the applicant first (top section), and then given to two evaluators familiar with the applicant's academic activities for completion.
- ✓ The AFSA Membership Verification Form (FORM 5) should be filled out by the applicant and their family member first (top section), and then given to their AFSA Local office for completion.
- ✓ Make sure that all forms (including this instruction sheet) are signed in the appropriate places, and are mailed by the applicant as a single complete package to:

**AFSA Scholarship Committee**  
**1101 17th ST, NW, Ste. 408**  
**Washington, DC 20036**

***Deadline for submission is March 27, 2020***

#### ***For AFSA Use Only***

- Cover Sheet and Essay Questions FORM 1 Received Date: \_\_\_\_\_
- ID Code Assigned Date: \_\_\_\_\_
- Secondary School Report FORM 2 Received Date: \_\_\_\_\_
- Personal Evaluation FORM 3 Received Date: \_\_\_\_\_
- Personal Evaluation FORM 4 Received Date: \_\_\_\_\_
- Member Verification FORM 5 Received Date: \_\_\_\_\_
- Application Completed Date: \_\_\_\_\_
- Sent to Scholarship Committee Date: \_\_\_\_\_
- Scholarship Committee Action:  Funded  Not-Funded Date \_\_\_\_\_
- Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_
- College Acceptance/Attendance Verification Date: \_\_\_\_\_

Please return completed form by **March 27, 2020** to:  
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## AFSA 2019-2020 Scholarship Application

### RUBRIC

Objectives	Superior (4 5 points)	Average (2 3 points)	Below Average (1 point)
<b>Stated reason for applying</b> ___ <i>points</i>	Expresses strong commitment to pursuing education beyond secondary school; uses anecdotal evidence. May or may not also state financial need.	States financial need without reference.	Little to no supporting evidence of need or commitment to educational pursuits.
<b>Clear expression of personal goals</b> ___ <i>points</i>	Clearly expresses their goals for the future and appropriately ties these goals to their higher education aspirations. Examples of how these goals are/have been pursued provided.	Future goals are less clear. Provides few tie-ins among questions and education aspirations.	Little to no mention of future goals. Only answers given questions.
<b>Gives back to the community</b> ___ <i>points</i>	Details commitment to their community (school, local community, etc.) by listing their jobs, volunteer work and other non-school extra-curricular activities; able to tie in these examples within essay responses.	Details commitment to their community (school, local community, etc.) by listing their jobs, volunteer work and other non-school extra-curricular activities solely through listed response.	Little to no mention of community commitment via essay responses or list of activities.
<b>Participation in clubs, organizations, jobs, etc.</b> ___ <i>points</i>	Participated in 3-5 groups throughout secondary school career; served as an officer; received awards for service.	Participated in at least 3 groups; may or may not have served as an officer or received awards.	Participated in less than 3 groups.

<b>Student academic achievement</b> <b>_____points</b>	Excelled in academic achievement; Honors/AP student; received recognition for academic achievement (i.e. National Honors Society member, etc.)	Fair academic achievement; may or may not have received academic recognition.	Poor academic achievement.
<b>Personal evaluations</b> <b>_____points</b>	Evaluation completed by evaluator familiar with applicant's academic activities. Evaluator expands beyond given form and elaborates on applicant's personal character and specifically references commitment to higher education pursuits.	Evaluation completed by evaluator familiar with applicant's academic activities. May or may not include additional reference information.	Evaluation barely completed or incomplete.

**Applicant Name** \_\_\_\_\_

**Evaluator** \_\_\_\_\_

**Total Points Awarded** \_\_\_\_\_ *Points* (out of possible 30 points)



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### AFSA SCHOLARSHIP COVER SHEET

Applicant's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of High School: \_\_\_\_\_

AFSA Member's Name: \_\_\_\_\_ AFSA Local Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

College expecting to attend in the Fall: \_\_\_\_\_

### CERTIFICATION

I, the undersigned, certify that all the information I have included in and with my application is true. I understand that if I am selected for an award, I may be requested to submit further proof of my parent's AFSA membership, and my acceptance to or enrollment in an accredited college, community college or university. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for an award, my name, photograph, and/or material submitted with this application may be used for publicity purposes with no additional compensation by AFSA or authorization. I also certify that I have read and understand the information above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *For AFSA Office Use Only*

ID Code Assigned: \_\_\_\_

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### **ESSAY QUESTIONS – FORM 1**

**INSTRUCTIONS to APPLICANT:** Answer the following questions in paragraph form. Try to have your answer completely fill the space provided. You may attach a typed, computer printout to this original form, but otherwise, **DO NOT ATTACH ANY SUPPLEMENTAL MATERIAL.**

1. What are your reasons for applying for this scholarship? Comment on your higher education goals and the college financial needs that this scholarship may help with.

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2. What are your personal goals? How will your education help you meet these goals?

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3. How do you give back to the community? Cite jobs, volunteer work and non-school extra-curricular activities.

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4. Detail your participation in school clubs, organizations, athletics and activities. List any recognition or awards received.

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### SECONDARY SCHOOL REPORT – FORM 2

(Please PRINT or TYPE)

Applicant's Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

*In compliance with Family Educational Right and Privacy Act of 1974, I authorize my High School to release a copy of my transcript and to complete the information requested below.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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### THIS EVALUATION TO BE COMPLETED BY YOUR PRINCIPAL OR GUIDANCE COUNSELOR

Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Students Graduating this June: \_\_\_\_\_ Teacher/Student Ratio: \_\_\_\_\_

Please explain your school's marking system:

Applicant's Class Rank: \_\_\_\_\_ Applicant's Total SAT Score: \_\_\_\_\_

Is the applicant in an accelerated or honors/AP program?

List any off-campus or independent study programs applicant has participated in:

List any recognition applicant received for academic achievement:

*PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM*

Evaluator's E-Mail Address: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

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### PERSONAL EVALUATION – FORM 3 – Page 1

(Please PRINT or TYPE)

Applicant's Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**Notice to Applicant:** *Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Activity through which you are involved with the applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ How long have you known applicant: \_\_\_\_\_

What personal character qualities impress you most about the applicant?

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### PERSONAL EVALUATION – FORM 3 – Page 2

Please comment on the applicant's commitment to higher education pursuits.

Add any additional comments which you think will help us evaluate the applicant for the scholarship program:

Evaluator's E-Mail Address: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

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### PERSONAL EVALUATION – FORM 4 – Page 1

(Please PRINT or TYPE)

Applicant's Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**Notice to Applicant:** Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Activity through which you are involved with the applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ How long have you known applicant: \_\_\_\_\_

What personal character qualities impress you most about the applicant?

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### PERSONAL EVALUATION – FORM 4 – Page 2

Please comment on the applicant's commitment to higher education pursuits.

Add any additional comments which you think will help us evaluate the applicant for the scholarship program:

Evaluator's E-Mail Address: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

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### AFSA MEMBERSHIP VERIFICATION – FORM 5

(Please PRINT or TYPE)

Applicant's Name: \_\_\_\_\_

AFSA Member Verification:

I, \_\_\_\_\_ verify that I have been a member  
(Name of AFSA Member)

in good standing of the American Federation of School Administrators, Local # \_\_\_\_\_,  
(AFSA Local Number)

\_\_\_\_\_ since \_\_\_\_\_ Member's E-Mail: \_\_\_\_\_  
(AFSA Local Name) (Month/Day/Year)

Signature of AFSA Member: \_\_\_\_\_ Date: \_\_\_\_\_

Local Union Verification:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Local Union Officer)

Print Officer's Name and Union Position: \_\_\_\_\_

Local Union Officer's E-Mail Address: \_\_\_\_\_

Local President's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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CONTINUATION PAGE FOR FORM: \_\_\_\_ QUESTION: \_\_\_\_

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CONTINUATION PAGE FOR FORM: \_\_\_\_ QUESTION: \_\_\_\_

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