



2008
FMA CHAPTER 19 SCHOLARSHIP APPLICATION
SCHOOL YEAR 2008 to 2009



**ALL APPLICATIONS AND SUPPORTING DOCUMENTS
MUST BE RECEIVED BY AUGUST 22, 2008**

Please Type or Print legibly. (All information provided will be kept confidential.)

QUALIFICATIONS

- Any member or child, grandchild or spouse of a Chapter 19 FMA member in good standing.
- Applicant must be entering or currently attending an institute of higher education as an undergraduate or graduate student.
- Must have maintained a 2.5 or higher cumulative grade point average (GPA) on a 4.0 scale at current institution.

Required Supporting Documentation:

1. Applicants who have just completed High School should submit a copy of their High School transcripts.
2. If you will be in your first year of undergraduate or graduate study, provide a copy of your letter of admission.
3. For current undergraduate or graduate students, submit a copy of your current college transcripts. Ensure that the transcripts include grades for the last quarter/semester of the just completed school year and indicate your continued enrollment at the institution.

PERSONAL DATA

Applicant's Full Name: _____

Address: _____

Phone No: _____

Sponsor's Full Name: _____

Address: _____

Phone No: _____

Sponsor's Relationship: _____

SCHOOL INFORMATION

High School Attended: _____

(To be filled out by first year undergraduate students.)

Transcripts attached? [] Yes [] No

Remarks: _____

College/University Attended: _____

(To be filled out by current undergraduate/graduate students.)

Transcripts attached? [] Yes [] No

Remarks: _____



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Name and address of college / university you plan on / are attending:

Field of study (if known): _____

Have you been accepted for admission? Yes No

If no, when do you expect to receive notification? _____

GENERAL INFORMATION

Have you asked for and/or received any financial aid or scholarship assistance?

Yes (list below) No

Type and Name of Assistance / Amount of Assistance

CERTIFICATION

I certify to the best of my knowledge the information provided with this Scholarship application is true and correct.

Applicant's Signature / Date

Sponsor's Signature / Date

MAILING ADDRESS:

**FMA CHAPTER 19
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 29579
HONOLULU, HI 96820-1979**

(Please do not send application requiring receipt confirmation of mail. If you desire confirmation of receipt, attach a note to your application indicating this along with your contact phone number.)