



The Arizona Food and Drug Industry Education Foundation was established solely and exclusively to support and encourage education, training and instruction for the Arizona Food and Drug Industry.

Kara Slupinski, daughter of Michael and Kimberly Slupinski, Safeway. Four time scholarship recipient.

Scholarships are available to dependents whose parent(s) or guardian(s) are actively employed by a member company of AFMA

PURPOSE

To provide assistance for the education of individuals who have provided evidence of having the intelligence, aptitude and self-discipline necessary to be successful at the college or university level.

OBJECTIVES

Funds appropriated through the Scholarship Program can be used to attend an accredited community college, college or university located in Arizona.

ELIGIBILITY

Scholarships are available to children whose parent(s) are actively employed by an AFMA member company for at least one year.

Children are defined as: a subject of legal guardianship during his/her minority; a natural or legally adopted child; and under the age of 23.

REQUIREMENTS

Scholarships are available to individuals who:

- Plan to obtain a degree
- Carry a minimum of nine credit hours

FUNDING

Scholarships are awarded based on fundraising levels from the prior year and may be used to cover the expense of tuition, fees and text books.

PAYMENT

Half of the funding will be paid directly to the school at the start of each semester.

The applicant must provide proof of a 2.0 GPA or better to qualify for the remainder of the funding and contact the Foundation office in writing with the name and the address of the school they will be attending the second semester.

REVIEW CRITERIA

Scholarships will be awarded upon the decision of the Scholarship Review Committee.

The committee's decision will be based on:

- Demonstrated leadership
- Academic achievement
- Financial need
- Required documentation

APPLICATION

Applications must be received in the Foundation office by **APRIL 1**.

A written recommendation from an adult not related to you (i.e. school counselor, previous employer, minister, etc.) must be attached to the application.

Applications may be mailed or hand delivered to the Foundation office:

c/o AFMA
120 E. Pierce Street
Phoenix, AZ 85004

Applicants will be contacted in a timely manner with the decision of the review committee

Scholarships are renewable each calendar year.

Scholarships are awarded annually but recipients must reapply each year.

Funding for the Arizona Food and Drug Industry Education Foundation is made possible through the generosity of the following:

- The Division of the Arizona Food Marketing Alliance
- Arizona Food Council
- Friends of Safeway Alliance

ARIZONA FOOD AND DRUG INDUSTRY EDUCATION FOUNDATION

Dependent Scholarship Application

Read the Scholarship brochure thoroughly before completing this application. All information provided will be accessible only by the Scholarship review committee. The decisions of the Scholarship review committee are final.

Application Instructions: Print or type accurately, legibly and completely.

Procedures to follow: Attach a letter of recommendation from an adult not related to you (i.e. your high school counselor, previous employer, minister, etc.) Mail or hand-deliver the application to (alternatively you can scan and email to droth@afmaaz.org or fax to 602-252-9021):

AFMA office at: 120 E. Pierce Street, Phoenix, AZ 85004. **Deadline for application is April 1st**.

1. Name in full: _____ Social Security Number (required): _____

2. Address: _____
(Street or Box Number) (City) (State) (zip)

3. Telephone: _____ Fax: _____ Email: _____

4. Parent(s) or guardian(s) information:

Name: _____ Employed by: _____ Title: _____ How long?: _____

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5. List your current and past work experiences:

Position	Employer	City	Dates (From-To)

6. List your educational background:

High School or College Attended	City	Dates (From-To)	Grade Point Average

7. SAT Score: _____ ACT Score: _____

8. Are you currently receiving funding from any other source (i.e. your employer or another scholarship)?: _____

From whom and how much? _____

9. Complete name and address of college, community college or university you plan to attend:

10. List number of credit hours you are taking and course titles: _____

11. Estimate total expenses for year, be specific (tuition, fees and books only): _____

12. Explain your educational goals; What is your major?:

13. How do you envision your career unfolding in the next 10 years?

14. Tell us about yourself. Include any detail about academic honors, leadership roles, personal achievements or involvement in community service.

15. Why are you requesting financial assistance? Include any facts or circumstances that should be considered in your request for financial aid and why you feel you should be considered for a Food Industry Scholarship. (attach additional paper as needed)

Signature of Applicant: _____ Date: _____

I have answered all questions honestly and to the best of my ability. I realize that false information will eliminate my application for consideration of any Foundation funding. I authorize any necessary inquiries into my character and reputation, releasing those supplying information from all liability.

Please remember to print out the form and sign it as well as attach your letter of recommendation when you send it for approval.

Do you have your letter of recommendation to attach with your submission?