

Applicant's Name:

LAST NAME

FIRST NAME

MIDDLE INITIAL

2018 Scholarship Application, Returning Graphics Scholar

MUST BE EMAILED NO LATER THAN MONDAY, MAY 7, 2018

Graphic Communications Scholarship, Award and Career Advancement Foundation, Inc. ("Foundation")

CRITERIA

Use this form if you are:

- A college student taking Graphic Communications/ Arts courses who has received a Foundation Scholarship in the past
- with a demonstrated interest in Graphic Communications/ Graphic Arts and a plan to major in a discipline leading to a career in the field,
- a permanent United States resident of one of the five boroughs of New York City **OR** the New York State counties of Nassau, Suffolk, Westchester or Rockland **OR** the New Jersey State counties of Bergen, Essex, Hudson or Union (your "permanent" address).

ALL OF THE FOLLOWING MATERIALS ARE REQUIRED FOR CONSIDERATION. PLEASE SUBMIT VIA EMAIL TO scholarships@gcsfny.org:

- A **PDF file** of this **completed** scholarship application.
- Scanned** proof of your continued enrollment for next semester in a two or four year college with a Graphic Communications curriculum.
- A copy of your transcript showing a 3.25 minimum Grade Point Average **e-mailed directly from the college or educational program.**
- Five (5) recent/ new examples of your work** in your area of expertise e.g., design and production, illustration, video, web design, photography, typography, etc. i.e. demonstrating range and development of graphic skills, different types of work/ mixed media, i.e. posters, digitally altered / formatted photos, drawings, paper creations, packaging, business card design, book design/ layout/ creation, web site design (include web address and jpeg pages from the website).

Only medium res pdfs, jpegs or short videos will be accepted. If necessary, you can ftp (file transfer) the digital media for submission, and the Foundation's ftp site will be provided upon your request. All work becomes the property of the Foundation and will not be returned. *By submitting your artwork, and additionally by signing this application, you agree to permit the Foundation to use your artwork or any other submitted material for the Foundation's promotional, commercial, and non commercial purposes in print or on the web, in regard to the business and related business of the Foundation.*

- Two letters of recommendation **e-mailed directly** from faculty members.
- The above two recommending persons' / writers' contact information including school/ dept, e-mail address and phone number, typed in MS Word on **a separate sheet or e-mail.**
- Your current resume in either **MS Word or a pdf file.**

APPLICANT DATA

I am: a citizen or legal resident of the United States Yes No Male Female

TYPE ABOVE LINES

LAST NAME	FIRST NAME	MIDDLE INITIAL
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PERMANENT HOME ADDRESS	APARTMENT
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CITY	STATE	ZIP
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SCHOOL MAILING ADDRESS (If Different)	APARTMENT
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CITY	STATE	ZIP
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HOME TELEPHONE	CELL PHONE # and PHONE COMPANY/ CARRIER (i.e. Verizon)	EMAIL (PERSONAL)
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EMAIL (SCHOOL)	TWITTER ACCOUNT NAME	SKYPE NAME/OTHER CONTACT
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SOCIAL SECURITY NUMBER	DATE OF BIRTH: MONTH / DAY / YEAR
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PARENT OR GUARDIAN NAME/ CONTACT INFORMATION (i.e. cell phone, email, BOTH work and home)

COLLEGE OR EDUCATIONAL PROGRAM GRADE POINT AVERAGE (GPA):

GRADES, HONORS AND SPECIAL RECOGNITION

OTHER FUNDING

SCHOLARSHIPS, GRANTS, ETC. (Amount of each, Giver or Provider of each, Are any renewable?)

EMPLOYMENT HISTORY

Include employer, phone number, contact name and e-mail address, dates, hours per week, position, responsibilities (**attach/e-mail your resume**)

Applicant's Name: _____

SCHOLARSHIP SCHOOL DATA

NAME OF SCHOOL YOU ATTEND (Attach a copy of your official transcript.)

ADDRESS

CITY STATE ZIP

CONTACT AT SCHOOL TELEPHONE E-MAIL ADDRESS

4 YEAR COLLEGE OR UNIVERSITY 2 YEAR COMMUNITY OR JUNIOR COLLEGE TECHNICAL SCHOOL

YOUR MAJOR OR COURSE OF STUDY

FALL SEMESTER – I WILL BE A: FRESHMAN SOPH JUNIOR SENIOR 1ST YR GRAD STUDENT

EXPECTED GRADUATION DATE: MONTH: YEAR:

DEGREE SOUGHT: BACHELOR ASSOCIATE CERTIFICATE OTHER _____

STUDENT WILL: LIVE ON CAMPUS LIVE OFF CAMPUS COMMUTE FROM HOME

STUDENT FINANCIAL STATUS IS/ WILL BE:

DEPENDENT OF PARENT(S) OR GUARDIAN INDEPENDENT STUDENT STATUS (SCHOOL TO CONFIRM)

APPLICANT'S DIGITAL/ TYPED AND HAND SIGNED SIGNATURE DATE

PRINT THIS LAST PAGE AND APPLICANT IS TO SIGN (SCRIPT HAND SIGNATURE) NEXT TO THE DIGITAL SIGNATURE/ TYPED NAME, THEN SCAN THE HAND SIGNED PAGE AND INCLUDE IN THE APPLICATION SUBMISSION AS A SEPARATE ADDITIONAL PAGE.

Email the completed and signed Application PDF and all Required Application Materials to:

Jerry Mandelbaum
GC Scholarship Foundation
scholarships@gcsfny.org

For more information:
Call: 212-400-2449
Fax: 646-390-7063
Email: info@GCScholarships.org
Or visit our website:
www.GCScholarships.org

Returning Scholars please highlight any information that is different from last year's application information.

Submitted Applications and support materials can be submitted at the same time **which is preferable, in a zipped file**, or separately if necessary i.e. recommendation letter coming directly from the writer of the recommendation.

Applicant's Name