

CHAPTER AQ FOUNDATION SCHOLARSHIP

Chapter AQ, Marietta, Georgia

THE P.E.O. FOUNDATION

ELIGIBILITY CRITERIA

The minimum qualifications for eligibility to apply for this scholarship are as follows:

- The applicant must be a Female student.
- The applicant must be a high school graduate or equivalent during the year of application.
- The applicant must be a U.S. citizen or permanent legal resident AND a current resident of the State of Georgia.
- Scholarship awards received may be used for an accredited college, university, trade/technical school and are not limited to schools in Georgia but ARE limited to schools within the United States or Canada.
- Applicants may/may not be asked to sit for an interview.
- If selected as awardee, the applicant will agree to and sign the *Terms of Acceptance*.

SELECTION PROCESS

- The Chapter AQ Foundation Scholarship Selection Committee will utilize a standard recipient selection procedure which will include the consideration of past academic performance, variety of experiences, leadership, and essay responses as well as future potential.

CONTINUED ELIGIBILITY REQUIREMENTS

Provided that Chapter AQ, Marietta, GA continues this scholarship program, this award is to be disbursed in stipends that will take place each fall semester, for up to a maximum of 4 disbursements or until a bachelor's degree is earned, whichever occurs first. The continued eligibility of the awardee is contingent upon her maintaining and abiding the criteria set forth in the *Terms of Acceptance* which is reviewed annually on June 1st.

- Awardee must maintain a cumulative 2.5 GPA on 4.0 scale (or equivalent) in a full-time undergraduate program.
- The Awardee must submit an official Transcript upon completion of Spring semester each year-prior by June 1st.
- Chapter Connection Requirement- (2 per year/1 each semester) The scholarship recipient will be required to maintain a connection with Chapter AQ, Marietta, GA, by attending a minimum of 2 per annum: Chapter Socials, a Christmas party, Chapter AQ coffee, Chapter Zoom/Skype/FaceTime (this option limited to 1 per year), or other activity organized and approved by the AQ Scholarship Selection Committee.

APPLICATION INSTRUCTIONS

- The applicant must provide a complete, legible scholarship application form along with ALL required supporting documentation/materials on the application packet checklist. This complete package must be received no later than **5:00pm on the FIRST Wednesday of May**. NO EXCEPTIONS. Late submissions or incomplete application packets will not be eligible.
- Attachment of a resume does not replace any part of the application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported elsewhere on the application form. Your name must be included on all pages and attachments.
- If a final decision for Post-Secondary school has not yet been made, please list your first choice at the date of this application. A final choice must be updated by June 1.
- Two Applicant Appraisals are required. One from an Academic/school source, the other from a Non-Academic/Non-Relative. Neither shall be a member of Chapter AQ. Those conducting the appraisals must complete the form, seal it in an envelope and sign their name over the sealed envelope flap. Both envelopes must be included within a single application packet when submitted to Chapter AQ. Adult Appraisers may also opt to submit via direct email.
- Applicant must provide clear copies of high school Academic Transcripts that display student name, grade, and credit hours earned for each course, and a cumulative GPA that includes all semesters through first semester of 12th grade.

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Completeness and neatness ensure your application will be reviewed properly.

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
Permanent Home Mailing Address _____ Apartment# _____
City _____ State Georgia , Zip Postal Code _____ County _____
Cell Phone (_____) _____ Email Address _____
Last Four Digits of Social Security Number XXX-XX- Date of Birth: Month _____ Day _____ Year _____

PARENT OR GUARDIAN #1 INFORMATION

Last Name _____ First _____ Middle Initial _____
Permanent Home Mailing Address _____ Apartment# _____
City _____ State Georgia , Zip Postal Code _____ County _____
Cell Phone (_____) _____ Email Address _____

PARENT OR GUARDIAN #2 INFORMATION

Last Name _____ First _____ Middle Initial _____
Permanent Home Mailing Address _____ Apartment# _____
City _____ State _____ , Zip Postal Code _____ County _____
Cell Phone (_____) _____ Email Address _____

HIGH SCHOOL/SECONDARY SCHOOL DATA & GPA

School Name _____ Date of Attendance: From _____ To _____
School Address _____ Graduation Date _____
School Counselor Name _____ Email Address _____
Cumulative GPA Weighted: _____ /4.0 scale Cumulative GPA Un-weighted: _____ /4.0 scale SAT Composite Score: _____ /1600 Choose SAT or ACT \leftrightarrow ACT Composite Score: _____ /36

INTENDED POST SECONDARY SCHOOL DATA

Name of college, university or other postsecondary school you *plan* to attend next academic year _____
Address _____ City _____ State/Province _____ Zip Postal Code _____
 4 yr. College or University 2 yr. Community or Junior College Vocational-Technical School Other, explain _____
Date next academic year begins _____ and ends _____
When do you expect to complete the program/graduate? _____
What certificate/degree will you earn by that date? _____

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COST OF ATTENDANCE/FINANCIAL DATA FOR INTENDED POST SECONDARY SCHOOL

Provide itemized costs for ONE academic year for the school you plan to attend.			Place an "X" to the right of the appropriate column to select ONE of the 5 Statements below that BEST describes your financial plans to pay for your continued education.
Tuition/Fees:	\$	↑	
Books/Computer:	\$	↑	A I do not have savings but should qualify for Federal Grants/Student Loans. Scholarships would reduce future debt.
Transportation:	\$	↑	B I have savings equal to 0-20% of my expected costs and will need loans, scholarships or jobs to make up the difference.
Room:	\$	↑	C I have savings equal to 20-40% of my expected costs and will need loans, scholarships or jobs to make up the difference.
Food:	\$	↑	D I have savings equal to 40-60% of my expected costs and will need loans, scholarships or jobs to make up the difference.
TOTAL:	\$		E I have savings equal to 60-80% of my expected costs and will need loans, scholarships or jobs to make up the difference.
Government Subsidy/HOPE/ZELL:	\$		F I have savings equal to 80-100% of my expected costs and will need loans, scholarships or jobs to make up the difference.

EMPLOYMENT/WORK EXPERIENCE

Describe your work experience during the **past four years**. Indicate dates of employment for each job and approximate number of hours worked each week. **DO NOT** repeat information reported elsewhere on the application form.

Employer/Position	From – Mo/Yr	To- Mo/Yr	Hours per Week	Were you paid for your work?		If you held any leadership role, title or promotions explain briefly.
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

NAME OF APPLICANT: _____

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List all community service activities in which you have participated during the **past four years** that were **outside of school** (e.g., scouting, volunteering, music, community rec sports, clubs, etc.) If space provided in this section is inadequate, you may continue on additional sheets. **DO NOT** repeat information reported elsewhere on the application form.

COMMUNITY SERVICE INVOLVEMENT (OUTSIDE OF SCHOOL)

Activity/Name of Organization	From – Mo/Yr	To- Mo/Yr	Hours per Week	Special Awards or Honors	Did you hold any Office or Leadership role? Explain briefly.

NAME OF APPLICANT: _____

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List all civic activities in which you have participated during the **past four years**. (e.g., serve as a Senate or House Page, Flag Bearer at community events or parades, volunteer at local library, Fire or Police safety events, poll worker during elections, etc.) If space provided in this section is inadequate, you may continue on additional sheets. **DO NOT** repeat information reported elsewhere on the application form.

CIVIC SERVICE INVOLVEMENT

Activity/Name of Organization	From – Mo/Yr	To- Mo/Yr	Hours per Week	Special Awards or Honors	Did you hold any Office or Leadership role? Explain briefly.

CP:	LR:
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List any/all activities you have participated during the past four years that are Faith based. This includes attendance of Sunday School/bible study, youth groups, retreats, serving as a Vacation Bible School counselor, or Acolyte, or other ministries, etc. **DO NOT** repeat information reported elsewhere on the application form.

FAITH-BASED/CHURCH INVOLVEMENT

Activity/Name of Organization	From – Mo/Yr	To- Mo/Yr	Hours per Week	Special Awards or Honors	Did you hold any Office or Leadership role? Explain briefly.

FB:	LR:	Rev. 03/2021
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NAME OF APPLICANT: _____

APPLICANT APPRAISAL #1 -- PROVIDED BY ACADEMIC SOURCE

To the Applicant: This section is required and must be completed in the format provided. This section is to be completed by an ACADEMIC SOURCE such as high school/secondary school counselor or advisor, an instructor, or a principal or school administrator who knows you well. (If homeschooled, this can come from a person associated with a homeschooled organization who knows you, a sports coach, etc.). Be certain to include your name at the top of the form before you provide it to your appraiser. If incomplete, your application will not be evaluated.

To the Adult Academic Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, return to applicant in an envelope that has your signature written over the sealed flap. A letter of recommendation does not replace this Appraisal form.

	A	B	C	D
The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Comments:				
Adult Academic Appraiser's Name		Title	Telephone ()	
Adult Academic Appraiser's Email				
Signature of Adult Academic Appraiser		Name of School		Date

Note- this Applicant Appraisal form may NOT be completed by a member of Chapter AQ, Georgia

NAME OF APPLICANT: _____

APPLICANT APPRAISAL #2 -- PROVIDED BY NON-ACADEMIC/NON-RELATIVE SOURCE

To the Applicant: This section is required and must be completed in the format provided. This section is to be completed by a NON- ACADEMIC SOURCE such as an employer, coach, clergy, etc. who is not related/family, who knows you well. Be certain to include your name at the top of the form before you provide it to your appraiser. If incomplete, your application will not be evaluated.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, return to applicant in an envelope that has your signature written over the sealed flap. A letter of recommendation does not replace this Appraisal form.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Comments:				
Appraiser's Name		Title	Telephone ()	
Appraiser's Email				
Signature		Organization		Date

Note- this Applicant Appraisal form may NOT be completed by a member of Chapter AQ, Georgia

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The applicant is responsible for submitting all materials included in the Application Checklist below within ONE large envelope to the AQ Scholarship Selection Committee on time. Late or incomplete applications will not be evaluated.

APPLICATION CHECKLIST

This application becomes complete and valid only when ALL of the following materials have been received within ONE mailed packet or via EMAIL:

- Complete Student Application
- A complete, current transcript of grades **must** be submitted with this application. Grade reports are not acceptable. Transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. This should provide the Cumulative Grade Point Average and report if this is a weighted or un-weighted GPA as well as provide a clear explanation of the high school's grading scale.
- A clear copy of either ACT **OR** SAT Score Report to confirm the score reported on page 2 of this application form. (Note: Only one of the two test scores must be reported on page 2 of this application form. If both are reported, the Scholarship Selection Committee reserves the right to use the higher achieving score.)
- Applicant Appraisal #1 completed by an Academic Source (Submission DIRECTLY via email to AQ Scholarship Chair is accepted)
- Applicant Appraisal #2 completed by a Non-Academic Source/Non-Relative (Submission DIRECTLY via email to AQ Scholarship Chair is accepted)
- Photocopy of valid ID or Driver's License

ALL ITEMS ABOVE must be received by DEADLINE: No Later than 5:00pm on FIRST Wednesday in May. NO EXCEPTIONS!

APPLICANT ACKNOWLEDGEMENT & CERTIFICATION

The AQ Scholarship Selection Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Chapter AQ Marietta, GA. (It is recommended you keep a copy for your files.)

MY SIGNATURE BELOW CONFIRMS THE FOLLOWING:

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines of the eligibility criteria and that all information provided is complete and accurate to the best of my knowledge.

I certify that am a citizen or permanent legal resident of the United States of America and would be willing and able to provide proof of citizenship or permanent legal residency if requested.

I recognize that if I am selected as the recipient of any awards, that those funds will only be paid directly to the post-secondary school that I am registered/enrolled to attend in the U.S. or Canada. If requested, I will provide proof of information, including legal residency documentation/identification, official transcripts of grades, proof of attendance/enrollment, etc. Falsification of any information/documentation may result in termination of any award granted.

I acknowledge that in order to be eligible to continue to receive any funds beyond a first installment I will agree to provide an official transcript to show academic progress and minimum GPA of 2.5 (or equivalent).

Applicant's Signature _____ Date _____

Applicant's Name (Printed) _____



TERMS OF ACCEPTANCE

AQ, Georgia Scholarship Fund

CONTINUED ELIGIBILITY REQUIREMENTS

Provided that Chapter AQ, Marietta, GA continues this scholarship program, this award is to be disbursed in stipends that will take place each fall semester, for up to a maximum of 4 disbursements or until a bachelor’s degree is earned, whichever occurs first. The continued eligibility of the awardee is contingent upon her maintaining and abiding the criteria set forth below in the **Terms of Acceptance** which will be reviewed annually on June 1. If the recipient does not submit required documentation by the June 1st deadline, they may risk eligibility.

- The Awardee must maintain a cumulative 2.5 grade point average on a 4.0 scale (or equivalent) in a full-time undergraduate program.
- The Awardee must submit an official Transcript to Chapter AQ upon completion of Spring semester each year-prior by June 1st.
- Chapter Connection Requirement- (2 per year/1 each semester) The scholarship recipient will be required to maintain a connection with Chapter AQ, Marietta, GA, by attending a minimum of 2 per annum: Chapter Socials, a Christmas party, Chapter AQ coffee, Chapter Zoom/Skype/FaceTime (this option limited to 1 per year), or other activity organized and approved by the AQ Scholarship Selection Committee.
- The Recipient shall send a Thank you letter to Chapter AQ within 30 days of receipt of scholarship funds. This is not included as part of the Chapter Connection requirement.
- The Recipient agrees to complete the annual forms for renewal by the deadlines, including a Confirmation of Enrollment Form and Acceptance of Scholarship Form, etc.

MY SIGNATURE BELOW CONFIRMS THE FOLLOWING:

I acknowledge that I have read the continued eligibility requirements above and understand that if I fail to meet these requirements and submit documentation required by deadlines published above, I will risk my eligibility to receive any future scholarship funds. I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines of the eligibility criteria and that all information provided is complete and accurate to the best of my knowledge.

I certify that am a citizen or permanent legal resident of the United States of America and would be willing and able to provide proof of citizenship or permanent legal residency if requested.

I recognize that if I am selected as the recipient of any awards, that those funds will only be paid directly to the post-secondary school that I am registered/enrolled to attend in the U.S. or Canada. If requested, I will provide proof of information, including legal residency documentation/identification, official transcripts of grades, proof of attendance/enrollment, etc. Falsification of any information/documentation may result in termination of any award granted.

I acknowledge that in order to be eligible to continue to receive any funds beyond a first installment I will agree to provide an official transcript to show academic progress and minimum GPA of 2.5 (or equivalent).

Signing of this form is only valid for those applicants that have been extended an offer of scholarship award in writing, signed by Fund Chair of AQ Foundation Scholarship.

Applicant’s Signature _____ Date _____

Applicant’s Name (Printed) _____

IMPORTANT NOTE REGARDING SUBMISSION

APPLICATIONS MAY BE SUBMITTED ONE OF TWO WAYS:

1) BY MAIL TO:

**ATTEN: ANGELA HINKEL, AQ SCHOLARHIP CHAIR
870 HAMPTON BLUFF DRIVE
MILTON, GA 30004**

OR

2) BY EMAIL TO: ChapterAQscholarshipFund@gmail.com

APPLICANT WILL NEED TO PRINT PDF, COMPLETE HER FORMS, SCAN THEN SUBMIT ALL DOCUMENTATION & FORMS VIA EMAIL. SHE MUST REQUEST ADULT APPRAISERS TO SUBMIT THEIR RECCOMMENDATIONS USING THEIR DIRECT EMAIL- NOT TO BE SUBMITTED THROUGH THE STUDENT/APPLICANT.

REGARDLESS OF SUBMISSION METHOD

ALL ITEMS ON APPLICATION CHECKLIST MUST BE RECEIVED BY THE DEADLINE- NO LATER THAN 5:00PM ON FIRST WEDNESDAY IN MAY.