GEORGE HELLER MEMORIAL SCHOLARSHIPS
AFTRA FOUNDATION
260 Madison Ave. · 7th Floor · New York, New York 10016

APPLICATION FORM

Name: _____ **Date of Birth:** _____ **M_____ F_____**

Address: _____

_____

_____

Phone Number: _____ **Email Address:** _____

Are you eligible as: AFTRA member _____ Dependant child of member _____

Name of member as registered at AFTRA: _____

Member's AFTRA Membership I.D. Number: _____ **AFTRA Local:** _____

Dates of AFTRA Membership: From _____ To _____

Occupation of Parents: Father _____ Mother_____

Ages of: Sisters _____ Brothers _____

Are you applying as a: freshman ___ sophomore ___ junior ___ senior ___ post-graduate ___

In which field: academic ___ broadcast journalism ___ labor relations ___ performing arts ___

What is your career objective?

_____

_____

List the colleges or professional schools to which you have applied in order of preference and state tuition fees for each:

_____

_____

Indicate which, if any, have accepted you: _____

Do you intend to be a full-time student? Yes ____ No ___

Describe the program you intend to follow:

_____

_____

If you have had work or volunteer experience and/or professional credits, please list or attach a resume:

_____

_____

What other scholarship applications are you making?

_____

_____

What scholarships or grants have you received?

_____

_____

PLEASE NOTE:

1. Applicants are required to submit TWO letters of recommendation from teachers, advisors, or other professionally knowledgeable persons.

2. You must include a TRANSCRIPT OF YOUR HIGH SCHOOL OR COLLEGE RECORDS.

3. Please provide us with an ESSAY of approximately one page that gives us a fuller picture of who you are, your goals and how you plan to achieve them.

4. **You must submit evidence of** *FINANCIAL NEED: A COPY OF YOUR FEDERAL INCOME TAX RETURNS AND YOUR FAMILY'S IF YOU ARE A DEPENDANT AND ALL SUPPORTING MATERIALS. (See application guidelines for details.) ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE. IN ORDER TO SIMPLIFY THE PROCESSING OF YOUR APPLICATION, WE REQUIRE YOUR NAME AS SCHOLARSHIP APPLICANT IN THE UPPER RIGHT-HAND CORNER OF THE TAX RETURN.*

5. *BEFORE MAY 1st, send Application Form and all other required information to:*

<div align="center">

The George Heller Memorial Scholarship Fund
of the AFTRA FOUNDATION
260 Madison Avenue- 7th Floor
New York, NY 10016

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