
EDPA FOUNDATION SCHOLARSHIP PROGRAM

Guidelines & Instructions

PURPOSE: The purpose of the EDPA Foundation Scholarship Program is to assist families of industry members in their pursuit of a college/university level education.

I. REQUIREMENTS: Please provide all items with your application

1. An applicant must be an exhibition or events industry member or an immediate family member to be considered eligible. (Spouse or child)
2. An applicant must be sponsored by an EDPA member, but need not be an EDPA member themselves.
3. An applicant must show evidence of acceptance or enrollment in an accredited 2 or 4 year college, university, or technical school.

II. ENCLOSE WITH APPLICATION:

1. An applicant must submit an essay approximately 500 words long, typed and double spaced, and should include the following:
 - a. Why should the applicant receive an EDPA Foundation Scholarship?
 - b. Has the applicant's family's experience in this industry affected volunteer or extracurricular activities?
 - c. What are the applicant's college/career goals?
 - d. How will this scholarship assist the applicant in achieving these goals?
2. An applicant must submit Confidential Disclosure of applicant and family income in order to evaluate financial need.

III. SELECTION CRITERIA

1. Applicant must submit fully completed application and provide all requested information by **deadline, JULY 1st**.
2. Applicant must submit evidence of academic performance and potential including high school transcript, SAT or ACT scores, and/or college GPA.
3. Applicant must submit a typewritten resume listing all honors, awards and any extracurricular activities, including volunteer and paid job experience.

IV. EVALUATION CRITERIA:

1. Applicant essay
2. GPA, and evidence of academic motivation
3. Demonstration of leadership, extracurricular activities, community service, and work experience as outlined in the resume.
4. Financial need

EDPA Foundation Scholarship Application**PERSONAL DATA:**

Applicant Full Name: _____
First / Middle / Last

Address: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Date of Birth: _____ **Sex: Male** _____ **Female** _____

EDUCATION:

High School Name: _____

Address: _____

Office Phone: _____

GPA: _____
School Must Also Provide Official Transcript

College/University/Tech. School Attending: _____

Address: _____

City/State/Zip: _____

Student ID Number: _____

Financial Aid Department Phone: _____

Indicate Major or Planned Program of Study: _____

How Many Hours Per Semester/Quarter: _____

Graduation Year: _____

Will you be working while attending school? Yes _____ **(provide information) No** _____

Financial Information**EMPLOYMENT HISTORY:**

Applicant's Employer: _____

Address: _____

City/State/Zip: _____

Job Title: _____

Hourly Salary: _____

Applicant Must Provide Recent W-2 or Copy of Pay Stub**PARENTS / LEGAL GUARDIANS:**

Applicant's Father: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Father's Employer: _____

Address: _____

Phone: _____

Job Title: _____

Annual Salary: _____

Father Must Provide Recent W-2 or Copy of Pay Stub

Applicant's Mother: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Employer: _____

Address: _____

Phone: _____

Job Title: _____

Annual Salary: _____

Mother Must Provide Recent W-2 or Copy of Pay Stub

SCHOLARSHIP AGREEMENT:

Applicant: I certify that all statements made in this application are true and accurate to the best of my knowledge. I understand that the scholarship is contingent upon the following terms

1. I will notify the EDPA Foundation Scholarship Program with information and instructions for financial aid disbursement.
2. I will notify the EDPA Foundation Scholarship Program of my academic progress and enrollment status.
3. I will keep the EDPA Foundation Scholarship Program informed of my home and school addresses and all contact information.
4. I will permit the EDPA Foundation Scholarship Program to use all information obtained (excluding Confidential Financial Disclosure) as part of the scholarship application process for any reason, including, but not limited to, public relations announcements or attendance at EDPA programs and events.

Applicant Signature: _____ **Date:** _____

Parent/Guardian: I have reviewed the application and verify the statements are true and accurate to the best of my knowledge. I have reviewed and fully understand the terms of the Scholarship Agreement and am in agreement with the requirements.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Send Applications To: **EDPA Foundation Headquarters**
Attn: Melissa Jones
10 Norden Place
Norwalk, CT 06855