



THE ALLEN SHACKELFORD AIFD MEMORIAL SCHOLARSHIP FUND

THE EULALAH OVERMEYER AIFD FUND

THE ROCKY POLLITZ AIFD FUND

THE DON STOTHART AIFD FUND

INSTRUCTIONS AND INFORMATION FOR APPLICANTS

PURPOSE OF THIS SHEET: This sheet is designed to be helpful to students in the processing of an application for scholarship under The Allen Shackelford AIFD Memorial Scholarship Fund, The Eulalah Overmeyer AIFD Fund, The Rocky Pollitz AIFD Fund, The Don Stothart AIFD Fund, and others that may be established within The AIFD Foundation, Inc. Read carefully before filling out the application blank.

DIRECTIONS FOR FILLING OUT THE APPLICATION BLANK:

- (a) Read the entire application through carefully to understand better the kind of information needed to complete the form.
- (b) Please print or type using black ink when filling out application.
- (c) Answer all questions. If a particular item does not apply to you, use a dash (—).
- (d) Re-read the parts you filled out and check for accuracy, completeness and neatness.
- (e) Each applicant **MUST** submit this original application form (nothing other than this form will be accepted) and include 5 copies of this application for a total of six application forms. Copies should be completed, clear and easy to read.
- (f) Each applicant must submit a recent photograph of him/her self of excellent quality (no larger than 4" x 6") with this application and include a photograph with each of the copies of this application, for a total of six.
- (g) Mail completed applications to:

Lona Christoffers, CAE
The AIFD Foundation, Inc.
7925 E Lakeview Avenue
Mesa, AZ 85208

- (h) All applications must be completed and at the address above by **March 1st** in order to be eligible for consideration and will be retained by the AIFD Foundation, Inc.

ELIGIBILITY

Undergraduates in colleges, universities, and junior colleges pursuing courses directly related to retail floriculture with specific emphasis on floral design as a profession are eligible.

The following documents must accompany the original and all five copies of the application form (for a total of six) and become a part of the application.

1. A letter of recommendation from someone connected with the faculty of your college who will evaluate you as a student.
2. A letter of recommendation from someone in your community who will evaluate you as a citizen.
3. A recent photograph of yourself.
4. Transcript of grades from the registrar of your college or university. (You may send mid-term grades of current semester or quarter.)

APPLICATION FOR SCHOLARSHIP

Please print or type using black ink when filling out application.

1. Name: _____
Last First Middle
2. Present Address: _____
Telephone No.: () _____ E-mail address: _____
3. Permanent Address: _____
Telephone No.: () _____
4. Date and Place of Birth: Date: _____ Place: _____
5. Marital Status: _____
6. Name and Address of Parents: _____

7. Occupation of Parents: _____
8. High school and other post-high schools attended:
School: _____ Graduate? _____
Dates of Attendance: _____
9. (a) College now attending: _____
(b) Anticipated graduation date: _____ (c) Degree sought: _____
(d) Major: _____ (e) Area of concentration: _____
(f) I will be a full-time or part-time student in the Fall 2006 Number of hours _____
(g) I will be a full-time or part-time student in the Spring 2007 Number of hours _____
(h) *Submit transcript of grades with this application.*
(i) Grade point average: _____ (j) Highest grade point possible: _____
10. List extracurricular activities in high school and college including clubs and organizations to which you belong: _____

11. List any academic honors you received in high school or college: _____

12. For what business or profession are you preparing? _____

13. Have you previously applied to us for a scholarship? _____
If so, years: _____
14. Have you had any experience in the florist or floriculture industry? (continued on next page)

If yes, describe briefly, giving names and addresses of concerns for whom you worked or with whom you were connected: _____

15. Are you presently employed? _____ If so, give name and address of employer, hours worked per week, average weekly salary, and brief description of duties: _____

16. Do you expect to work during the coming summer vacation? _____ If so, supply information as to such expected employment requested in paragraph 15. _____

17. If married, is your spouse employed? _____ If so, supply information requested in Paragraph 15. _____

18. Names and relationship to you of persons dependent upon you for support. _____

19. (a) Do you plan to attend the National AIFD Symposium this year? _____

(b) List previous symposiums you have attended: _____

20. Please state below your annual anticipated income and expenses for the coming year. Be specific on all items. If additional space is needed, as may be the case of married students, please attach a supplementary data sheet.

EXPENSES		INCOME		
Tuition	_____	Earnings:	During year	_____
Room and board	_____		Between quarters:	_____
	Dorm <input type="checkbox"/> Other <input type="checkbox"/>		During Summer	_____
Books & Supplies	_____	Husband/wife salary		_____
Social (Frat., Sorority, etc.)	_____	Aid from family		_____
Personal debts (specify)	_____	G.I. Bill		_____
Payments on car or furniture, etc:	_____	Loans (specify)		_____
Insurance on car	_____	Scholarships (specify by name and amount)		_____
Miscellaneous expenses (specify)	_____	Aid from other sources (specify)		_____
TOTAL:	_____	TOTAL:		_____

21. Please state below in letter form why you are applying for this scholarship and why you wish to pursue the courses outlined in the field of Floriculture. Cover both financial need and academic promise.

Date: _____ Signature: _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.