Applicant's Name:

LAST NAME

FIRST NAME

MIDDLE INITIAL

2017 Scholarship Application, Graduate Student

MUST BE EMAILED NO LATER THAN MONDAY, MAY 8, 2017

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

	areer Advancement Foundation, Inc. (Foundation)		
CRITERIA			
Use this for	m if you are:		
	A college graduate with a bachelor's degree who is studying for a postgraduate degree in Graphic Communications/ Graphic Arts,		
	with a demonstrated interest in Graphic Communications and/or Graphic Arts and a plan to pursue a career in the field,		
	a United States permanent 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).		
	FOLLOWING MATERIALS ARE REQUIRED FOR CONSIDERATION. PLEASE SUBMIT VIA scholarships@gcsfny.org:		
	A PDF file of this completed scholarship application.		
	A scanned copy of your Official Notice of Acceptance into a graduate program in Graphic Communications.		
	Scanned copies of your college degree/diploma, final college undergraduate transcript and final high school transcript. The schools can directly e-mail these documents.		
	If currently a grad student, a copy of your transcript showing a 3.25 minimum Grade Point Average e-mailed directly from the college or educational program .		
	A scanned copy of your Graduate Record Exam results, or equivalent.		
	A portfolio in your area of expertise e.g., design and production, illustration, layout, photography, video, web design, 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).		
	Please provide a minimum of five (5) pieces of your art / design work ; showing your range of talent and style(s). Only medium res pdfs, jpegs or short videos will be accepted. All submitted documents and work becomes the property of the Foundation and will not be returned. By submitting your artwork, original or copy, you agree to permit the Foundation to use your artwork or any other submitted material for the Foundation's promotional purposes in print or on the web, for commercial and non commercial purposes related to the business of the Foundation, and your typed digital signature on this application additionally authorizes your release and permission.		
	Two (2) letters of recommendation e-mailed directly from faculty members . <i>Please type and submit the two recommending persons' writers' contact information including school / department, e-mail address and phone number, in a separate MS Word document or e-mail.</i>		
	Your typed, one-page double-spaced statement (300 to 500 words) discussing your particular interest in Graphic Communications and why you should be considered for a scholarship. This statement is extremely important.		
	Your current resume in either MS Word or a pdf file .		

APPLICANT D I am a citizen or le		United States (insert x)Yes	_ No Male Female	
TYPE ABOVE L	INES			
LAST NAME		FIRST NAME	MIDDLE INITIAL	
PERMANENT/ HOM	IE ADDRESS		APARTMENT	
SCHOOL MAILING	ADDRESS (If Differ	ent)	APARTMENT	
CITY		STATE	ZIP	
TELEPHONE	CELL PHONE #	and CARRIER COMPANY i.e. Verizon	EMAIL ADDRESS: Personal	
EMAIL ADDRESS:	School	TWITTER ACCOUNT NAME	SKYPE NAME/OTHER CONTA	
SOCIAL SECURITY	NUMBER	DATE OF BIR	TH: MONTH / DAY / YEAR	
OTHER FUND SCHOLARSHIPS, G		unt 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 your resume)				

Applicant's Name _____

UPON GRADUATION IS:	AL PROGRAM GRADE POINT AVERAGE (GPA)
CURRENT GRADUATE PROGRAM GPA (IF CUR	RRENTLY A GRADUATE STUDENT) IS:
SCHOLARSHIP SCHOOL DATA	
NAME OF GRADUATE SCHOOL YOU (PLAN TO) ATTEND	(Attach a copy of your official Notice of Acceptance.)
ADDRESS	
CITY STATE	ZIP
CONTACT AT SCHOOL	TELEPHONE E-MAIL ADDRESS
YOUR COURSE OF STUDY AND EXPECTED DEGREE	
FALL SEMESTER – GRAD STUDIES WILL BE MY: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	YEAR _ 2 ND YEAR _ OTHER
EXPECTED GRADUATION DATE MONTH:	YEAR:
STUDENT WILL: _ LIVE ON CAMPUS _ LIVE OF	FF CAMPUS _ COMMUTE FROM HOME
STUDENT FINANCIAL STATUS IS/ WILL BE:	
DEPENDENT OF PARENT(S) OR GUARDIAN/ OT THEIR NAME/ CELL PHONE/ E-MAIL ADDRESS	
_ INDEPENDENT STUDENT STATUS (SCHOOL TO	CONFIRM IF APPLICABLE)
WHERE DID YOU LEARN ABOUT THE SCHOLARSHIP?	
WHERE DID YOU GET THIS FORM?	
APPLICANT'S DIGITAL / TYPED AND HAND SIGNED SIGN	NATURE DATE
PRINT THIS LAST PAGE AND APPLICANT IS TO SIG DIGITAL SIGNAURE/ TYPED NAME, THEN SCAN TH APPLICATION SUBMISSION AS A SEPARATE ADDIT	IE HAND SIGNED PAGE AND INCLUDE IN THE
Email the completed and signed	For more information: Call: 212-400-2449

Application Materials to:

Jerry Mandelbaum GC Scholarship Foundation scholarships@gcsfny.org

Email: info@GCScholarships.org

Or visit our website:

www.GCScholarships.org

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.

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