

THE CLEVELAND ADVERTISING ASSOCIATION EDUCATION FOUNDATION SCHOLARSHIP APPLICATION

APPLICATIONS DUE: OCTOBER 31, 2005

SEND HARD COPIES OF APPLICATION AND SUPPORT
MATERIALS (NO FAXES OR E-MAILS ACCEPTED) BY OCTOBER 31, 2005 TO:



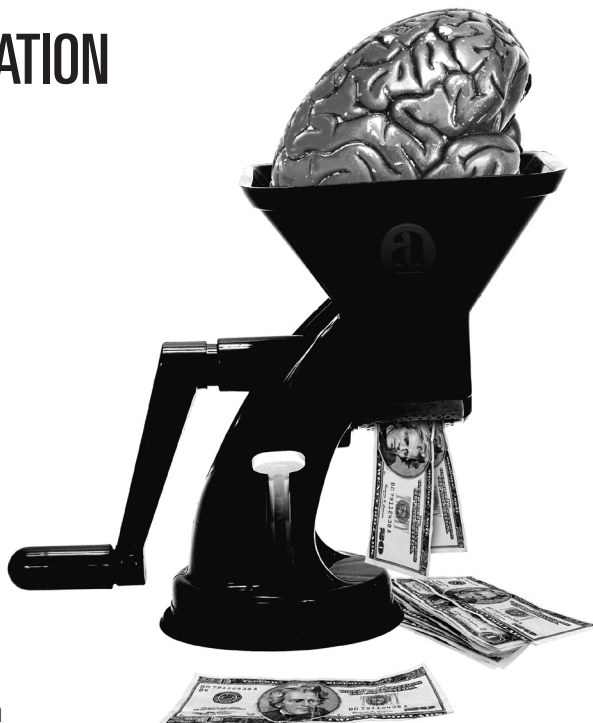
**CLEVELAND ADVERTISING ASSOCIATION
EDUCATION FOUNDATION**

20325 Center Ridge Road, Suite 670

Cleveland, OH 44116

Tel: (440) 673-0020

Questions? E-mail us at adassoc@clevead.com



QUALIFICATIONS:

You must:

- Be an Ohio resident.
- Be a full-time student at an Ohio university/college.
- Be pursuing a communications/marketing-related major.
- Have a current minimum accumulative 3.0 grade point average.
- Currently be in your senior, junior or last semester of your sophomore year (graduating in Spring, 2006 or later).

CHECKLIST:

To have this application considered you must:

- Complete this form. Need more space? Enclose additional, single-sided, double-spaced information on letter-sized paper. No hand-written attachments.
- Enclose an up-to-date transcript of your grades.
- Enclose two faculty and/or professional recommendation letters.
- Enclose a one-page, single-sided, double-spaced essay about your career goals.

Name _____

School _____ Social Security # _____

Major _____

Career Objective _____

Anticipated Year of Graduation _____ GPA _____

- I would also like to be considered for the minority scholarship(s) that will be awarded. I am a U.S. citizen of African, Asian, Hispanic, Native American or Pacific-island descent.

(more information on back of form)

TO CONTACT YOU AT HOME:

Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

TO CONTACT YOU AT SCHOOL:

Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

EXTRACURRICULAR ACTIVITIES:

Please describe your involvement in civic, professional, social or other organizations. Include dates when possible.

AWARDS AND SCHOLARSHIPS RECEIVED:

Include name, purpose and date.

FACULTY ACKNOWLEDGEMENT:

As the student advisor or department head, I have read this application and believe, to the best of my knowledge that it accurately represents the student.

Name _____ Title _____
Dept. _____ Phone _____
Faculty Signature _____ Date _____
Applicant Signature _____ Date _____

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