



Paula Akers Memorial Scholarship



Member information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Student information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Relationship to R.I. AFT/R member: _____

The scholarship application **must** include the following:

- Official high school transcript;
- Evidence of participation in extra-curricular activities and/or community activities;
- Recommendation from a teacher of a senior subject;
- Any recognition or awards already received;
- A list of colleges, universities, or technology schools to which applications have been sent, including those that have received acceptances;
- A one page personal statement by the student indicating any additional information which would be helpful to the committee while considering your application.
* **The committee does place considerable weight on this portion.**

Please check off each item that is attached to ensure that nothing is omitted.

Please return to:

**Paula Akers Memorial Scholarship Committee
c/o Donna Lancaster
RI AFT/R
356 Smith Street
Providence, RI 02908**