

RIBA SCHOLARSHIP APPLICATION

Deadline: Friday, July, 30th, 2010

RIBA, Rhode Island Broadcasters Association will award ten (10) one thousand dollar (\$1,000) scholarships.

Do you Qualify?

- Are you a Rhode Island Resident?
- Can you demonstrate by class standing, employment and extra-curricular activities your interest in a career in TV or Radio?
- Do you have a Cumulative GPA of 2.8 or better?

To Apply:

You must include all of the following information to be considered as a candidate for any of the RIBA scholarships:

- A **completed application** with **narrative essay** and **references**
- **1 letter of recommendation** from a faculty member
- **1 letter of recommendation** from the General Manager of the station where you intern
- 1 copy of your **most recent transcript**

*Mail complete application packet to: RIBA, 58 Cool Spring Drive, Cranston, RI 02920 Attn: Lori Needham
(PLEASE TYPE OR PRINT CLEARLY)*

NAME: _____ DATE OF BIRTH: _____

PHONE: (HOME) _____

PHONE: (SCHOOL) _____

COLLEGE/UNIVERSITY ATTENDING/YEAR: _____

CURRENT CUMULATIVE GPA: _____

MAJOR _____

MINOR: _____

ACADEMIC HONORS _____

HOME ADDRESS: _____

SCHOOL ADDRESS: _____

MOTHER AND/OR FATHER'S NAME (S): _____

EXTRA-CURRICULAR ACTIVITIES

Please describe school, business, community or other outside activities that you are involved in, past or present.

Please list all positions held as well as how much time you invested in your activities.

NARRATIVE

On a separate piece of paper please write a brief narrative about yourself to include the following points:

- 1. Your reasons for seeking a RIBA scholarship
- 2. Family member, friend, colleague or educator that has influenced you in a significant way
- 3. Aspects of a potential career in communications that interest you
- 4. Your long range goals and aspirations

REFERENCES

Please indicate one academic, one personal reference and one professional reference from your present intern or employment location so that RIBA may contact:

ACADEMIC REFERENCE:

NAME RELATIONSHIP TELEPHONE

1. _____

PERSONAL REFERENCE:

NAME TELEPHONE

1. _____

PROFESSIONAL REFERENCE:

NAME COMPANY TELEPHONE

1. _____

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By signing below I acknowledge that the information contained herein is true and accurate and I have not in any way misrepresented any information.

SIGNATURE OF APPLICANT

DATE

Mail complete application packet to: RIBA, 58 Cool Spring Drive, Cranston, RI 02920, Attn: Lori Needham