



# The Rhode Island Association of Admission Officers

## 2012 Transfer Scholarship Program

### ABOUT RIAAO

The Rhode Island Association of Admission Officers (RIAAO), established in 1976, is a professional organization for college and university admissions personnel who represent institutions within the state of Rhode Island.

Thank you for expressing an interest in the RIAAO Scholarship. This one-time \$500 scholarship is designed to encourage and assist students in pursuing a baccalaureate at a Rhode Island college or university at one of the following RIAAO Institutions



### ELIGIBILITY CRITERIA

- Earn an Associate Degree from a RIAAO member college or university by spring 2012, or be a recent graduate (since spring 2009)
- Plan to enroll in a baccalaureate program at a RIAAO college or university in fall 2012.
- Be nominated by an academic official at his or her current institution.

*Please Note: Meeting minimum requirements does not guarantee a scholarship*

### APPLICATION PROCEDURE

To be considered for the scholarship, applicants are asked to submit:

- A completed application form signed by school official
- A copy of acceptance letter from a RIAAO member school
- A 500 word or less essay explaining why you are choosing to stay in RI for your education

### PAYMENTS

The monetary award will be sent directly to the student, pending verification of enrollment.

Scholarship applications should be sent directly to: **RIAAO Scholarship Fund  
c/o Transfer Committee  
P.O. Box 6663  
Providence, RI 02940-6663**

**\*\*All scholarship applications must be postmarked by June 1, 2012\*\***

**\*\*Incomplete applications will not be accepted\*\***

**\*\*Decisions will be based, need-blind, on the above scholarship criteria and procedure\*\***



www.riaaao.com

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Scholarship Application

**Personal Information**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Associate Degree Information**

Name: of School \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Baccalaureate Program**

College/University Attending: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing, I certify that the above information is accurate and true. In addition, I understand that inaccurate information can affect my scholarship eligibility.*

**School Official Use Only**

I, \_\_\_\_\_, do hereby certify that this student is scheduled for graduation in June, 2012. The information supplied by this applicant is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School name: \_\_\_\_\_ Position: \_\_\_\_\_