



The Rhode Island Association of Admission Officers

2008/2009 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 program provides financial assistance in the form of a **ONE-TIME** scholarship to at least **five (5)** first-year students enrolling in one of the following RIAAO Institutions in the amount of \$500.



ELIGIBILITY CRITERIA

- Must have attended and graduated from a Rhode Island High School, or received a Rhode Island GED.
- Must be accepted with plans to enroll as a degree or certificate candidate, first-year student at any RIAAO institution.
- Must submit completed scholarship application with an official transcript from your high school or official GED scores.

APPLICATION PROCEDURE

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

- A completed application form
- Official high school transcripts or GED scores
- Personal Statements (not to exceed 500 words each)
- Copy of acceptance letter
- Resume

PAYMENTS

The monetary award will be sent directly to the student prior to his/her first term.

Scholarship applications should be sent directly to:

RIAAO Scholarship Fund
P.O. Box 6663
Providence, RI 02940-6663

****All scholarship applications must be postmarked by May 15, 2009****

****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 Statements

Keep your answers to 500 words or less.

1. What makes you unique and deserving of this scholarship, why should we choose YOU?

Personal Information

Student Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternative Phone Number: _____

Date of Birth: _____

High School Information

High School Name: _____ Year of Graduation: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

School Counselor Name: _____

(If applicable) GED Scores: _____ Date of Test: _____

College Information

College/University Attending: _____ Enrollment Date: _____

Will you be enrolling as first-year, undergraduate student? Yes No

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 Counselor Use Only

I, _____, do hereby certify that the information supplied by this applicant is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Written evaluations/recommendations may be attached, or you may make additional comments on the reverse.