## Orange County Armenian Professional Society SCHOLARSHIP APPLICATION

The Orange County Armenian Professional Society (OCAPS) is accepting scholarship applications for the 2019-2020 academic year. Each individual scholarship will be in the amount of \$1,500, and up to two scholarships, totaling \$3,000, will be awarded to undergraduate and/or graduate students each year.

The selection of candidates is primarily based on scholastic achievement, recommendations by faculty, and community involvement.

## **SCHOLARSHIP REQUIREMENTS**

Applicants must be of Armenian descent and meet the following requirements:

- Will be, or currently is, attending an accredited four-year U.S. college/university as a full-time Undergraduate or Graduate student
- Must be a graduate from a high school in Orange County, having attended a minimum of one full academic year
- Maintain a cumulative GPA of 3.4 or above (enclose a copy of most recent transcript)
- Provide two recommendation letters:
  - 1) One from an academic instructor from the applicant's current school
  - 2) One from a professional who knows the applicant well, either through community service and/or employment
- Submit a one-page essay to include:
  - 1) His/her academic goals
  - 2) His/her involvement in the community in general, including the Armenian community
  - 3) Why he/she should be a scholarship recipient

Applicant may be invited to interview with the OCAPS Scholarship Committee. Completed application, including transcripts, essay, and recommendation letters, should be submitted by mail to:

**OCAPS** 

Attn: Scholarship Committee 17192 Murphy Ave #14356 Irvine, CA 92623

Application must be received by OCAPS on or before August 2, 2019.

Results will be announced by September 15, 2019.



## **SCHOLARSHIP APPLICATION**

(Please type or print legibly)

	(Middle)		Female:
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	Email:		
Date of Bir	rth:	Marital St	atus:
	Yea	r Graduated:	:
ndergraduate S	Student	Graduate St	udent
	:Date of Bir tes Attended our high school of	Email:	Email:

<b>FINANCIAL INFORMATION:</b> (Please list all scholdates [month & year], of financial aid received.	larships, grants, and student loan amounts, including .)
autes [month & year], or infantial and received.	,
EMPLOYMENT:	
Current (If Applicable):	
Company Name and Address:	
Last (If Applicable):	
Company Name and Address:	
	typed statement describing yourself, your academic ain why you should be awarded the OCAPS scholarship.
Applicant Signature	Date