



Filipino-American Association of Vancouver (FAAV)
Scholarship Application Form

The Fil-Am Vancouver awards up to \$2,000 scholarship each to two qualified students of a vocational, technical, associate, or bachelor's degree program.

Required documents:

1. FAAV Scholarship Application Form (filled and signed)
2. An essay or personal statement (minimum 500 words) explaining why you should be awarded this scholarship
3. School transcripts showing academic achievement/GPA
4. Two (2) letters of recommendation.
5. Personal photo in jpg or png format.

Send application and attachments to:

FAAV Scholarship Committee

c/o Bernie Gerhardt

1204 NW 118th Circle, Vancouver, WA 98685

Or email: gerhardtbm@gmail.com

DEADLINE: October 1st

Recipients will be notified by November 15.

APPLICATIONS RECEIVED AFTER October 1ST OR REMAINING INCOMPLETE WILL NOT BE CONSIDERED.

Please type or print clearly in black or dark blue ink. Attach additional sheets if necessary.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone: (360) _____ Cell Ph: _____ Email: _____

Are you a U.S. Citizen? ____ Yes ____ No, or Permanent Resident? ____ Yes ____ No

Name of High School _____ High School GPA _____

High School Focus (if any) _____ Year Graduated _____

Name of College or University you are/or will be attending _____

Major _____ Minor _____

Degree Expected _____ Year expected to graduate: _____

Extra-curricular activities _____

Honors and Awards: _____

College Attended	Dates Attended	Credits Earned	Cumulative GPA	Degree	Major

Organization memberships and community service:

Please describe your career goals and interests:

Please describe some of the jobs you have held and indicate if you presently are employed, or if you plan to work while attending college. Feel free to address any financial need this award may help with.

How did you hear about this FAAV Scholarship Award? _____

I certify that all the information provided is true and correct.

Applicant Signature*: _____ Date: _____

Applicant Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

(If under 18 years old)*

Parent/Guardian Name (Print): _____

***SIGNATURE ON THIS APPLICATION AUTHORIZES RELEASE OF STUDENT'S
INFORMATION & PHOTO FOR PUBLICATION BY FAAV AS IT DEEMS FIT.**