

BOB FISH MEMORIAL  **SCHOLARSHIP**
RHODE ISLAND BROADCASTERS ASSOCIATION

Sponsored by Rhode Island Broadcasters Association

The application process is rolling and completed applications will be accepted throughout the year.

RIBA awards (10) \$1,000 (One Thousand Dollar) scholarships to qualifying students each year.

QUALIFICATIONS:

- Must be a Rhode Island resident or attending a university/college within Rhode Island
- Cumulative GPA of 2.8 or higher
- Able to demonstrate class standing, employment and extra-curricular activities that compliment a career in TV or Radio?

To Apply:

You must include all of the following information to be considered as a candidate for any of the RIBA scholarships: (All information must be included within your application by the date specified above)

- **Completed application**
- **Narrative essay** limited to 250 words
- **1 letter of recommendation** from a faculty member
- Copy of your **most recent transcript**

Mail complete application packet to:

RIBA, 11 South Angell Street, Providence, Rhode Island 02906 Attn: Lori Needham

(PLEASE TYPE OR PRINT CLEARLY)

NAME: _____ DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____
PHONE: (HOME) _____
PHONE: (CELL PHONE) _____
EMAIL ADDRESS: _____
COLLEGE/UNIVERSITY ATTENDING/YEAR: _____
MAJOR: _____
MINOR: _____

ACADEMIC HONORS:

HOME ADDRESS: _____

SCHOOL ADDRESS: _____

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

EXTRA-CURRICULAR ACTIVITIES:

- Describe school, business, community or other outside activities that you are involved in, past or present.
- List all positions held as well as how much time you invested in your activities.

NARRATIVE

Submit a brief narrative describing yourself including the following points: (maximum 250 words)

- 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 and one personal reference that RIBA may contact:

ACADEMIC REFERENCE:

NAME, RELATIONSHIP, TELEPHONE

1. _____

PERSONAL REFERENCE:

NAME, 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.

X _____

SIGNATURE OF APPLICANT, DATE

All recipients of the Bob Fish Memorial Scholarship will be required to sign and submit a W-9 prior to check being released. Recipients of the Bob Fish Memorial Scholarship will be presented with the award at a scholarship breakfast.