

APPLICATION FOR THE 2008-2009 CLEVELAND ASSOCIATION OF BROADCASTERS SCHOLARSHIP

The Cleveland Association of Broadcasters will administer and award the Cleveland Association of Broadcasters Scholarship. The Scholarship, in the amount of \$1,000 will be awarded for the 2008-2009 school year and is non-renewable.

Please read this application carefully and fill it in completely.

I. ELIGIBILITY

Applicants must:

- Be enrolled as a full time student in an Ohio four year institutions (as of fall 2008)
- Or enrolled in a Nationally accredited program/school
- Be of Junior standing/or beyond 1st qtr in nationally accredited program.
- Have a declared major in communications, journalism, media, advertising, broadcasting, or a related field
- Be in good academic standing and possess a 3.0 or better grade point average (on a 4.0 scale)
- Home residence in the Cleveland/Akron area*
- Demonstrate extra curricular involvement and/or practical field experience
- Include a written recommendation from a faculty member with their application form
- Provide a type written essay of no more than 250 words on the Responsibilities of the Broadcast Industry in the 21st Century.

II. APPLICATION PROCESS

Your complete application packet must be returned to your university representative by Jan 15th, 2009. A completed application packet includes this application form, one letter of recommendation from a faculty member at your institution, and the required essay. The recommendation should be from a faculty member who is familiar with your character, achievements, and commitment to furthering your education as stipulated in the section on eligibility. You must sign the application, providing permission for the registrar from your institution to release information on your grade point average to the CAB.

III. BACKGROUND INFORMATION

Name (Last) _____ (First) _____ (M) _____
Home Address _____
City _____ State _____ Zip _____ Country _____
Home Phone (____) _____ email address _____
Contact at home in your absence _____
Daytime number at school (____) _____
Social Security Number _____ Birthdate _____ Age _____

IV. EXTRACURRICULAR INVOLVEMENT AND PRATICAL FIELD EXPERINCE

If you need to use extra paper, please attach additional sheet to this application.

V. EDUCATIONAL INFORMATION

Name of the Institution you attend _____
Campus address _____
City _____ State _____ Zip _____
Expected graduation date _____
Career goal _____
Major(s) _____
Minor(s) _____
Grade Point Average _____

IMPORTANT: I herby give permission for the registrar at _____ (name of institution) to fax a confirmation of my grade point average to the CAB.

Applicant's signature _____ Date _____

PLEASE NOTE: If you are selected, you will be required to present a transcript of your grades at the time the scholarship is presented.

*Home address counties are Cuyahoga, Lake, Geauga, Portage, Summit, Medina, and Lorain

HAVE YOU:

- Completed every section of the application
 - Included a letter of recommendation from a faculty member
 - Enclosed your typed essay
 - Signed the application to release information from your registrar
- Please return to: CAB PO Box 15294, Cleveland, Ohio 44115**