



## **The Rhode Island Association of Admission Officers TRANSFER SCHOLARSHIP APPLICATION**

The Rhode Island Association of Admission Officers (RIAAO), established in 1976, is a professional organization for college and university admission personnel who represent institutions within the state. Annually, RIAAO organizes a national level college fair for students seeking higher education, awards scholarships to individuals attending a RIAAO member institution, and hosts a guidance counselor tour to showcase our affiliated schools.

This one-time \$500 scholarship is designed to encourage and assist students in making a successful transfer transition among RIAAO member institutions. For a list of member colleges and universities visit [www.riaaao.com](http://www.riaaao.com).

### **MINIMUM SCHOLARSHIP ELIGIBILITY CRITERIA**

- Attended a RIAAO member institution for at least one year and earned an overall grade point average of 3.0 or higher
- Plan to enroll in a degree program at a RIAAO college or university for the fall semester

*Please Note: Meeting minimum requirements does not guarantee a scholarship. The monetary award will be sent directly to the student once qualifications have been confirmed. Only the student who is awarded the scholarship will be notified.*

### **HOW TO APPLY**

Application Deadline: all applications must be postmarked by August 1. Incomplete applications will not be accepted.

Applicants must submit the following:

- A complete application form
- Copy of transcripts from all post-secondary institutions attended
- Copy of your acceptance letter
- A list highlighting activities outside of the classroom

**Completed Applications should be mailed to:**

RIAAO SCHOLARSHIP FUND  
TRANSFER REVIEW COMMITTEE  
P.O. BOX 6663  
PROVIDENCE, RI 02940-6663

**APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

COLLEGE NAME \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

NAME OF COLLEGE YOU INTEND TO TRANSFER TO \_\_\_\_\_

**COLLEGE ACTIVITIES** – List your most important athletic, scholastic or community activities in which you have participated. Include any office or titles held and any significant achievements.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION** (PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU THINK WOULD BE HELPFUL IN THE REVIEW PROCESS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_