

ASPTEA
Mike Cusimano Education Award Program

*Four \$800 awards available to legal dependents of all ASPTEA Members***

Eligibility Requirements

- ◆ High School Senior - OR
- ◆ Full time (12 cr.) College Student at time of application. Student can be up to age 23 at time of application.
- ◆ Minimum Unweighted Cumulative GPA of 3.0
- ◆ One application per student.
- ◆ Student will need to have an **Official School Transcript(s) sent to the ASPTEA Office DIRECTLY from the Accredited Educational Institution(s) attended.** **(If your dependent has attended more than one college, transcripts from each accredited educational institution must be sent)**
- ◆ **ASPTEA Officers, Board Members, Application Review Committee Members and their dependents are not eligible to participate.

Application Process and Deadline

- ◆ Opens – March 12, 2018
- ◆ Closes – May 5, 2018
- ◆ Submit a completed application.
- ◆ Mail completed application to: ASPTEA Mike Cusimano Education Award, **637 N. 3rd Avenue, Phoenix, AZ 85003*****
- ◆ **Must be postmarked no later than Saturday, May 5, 2018.**
- ◆ Applications will not be accepted unless all requirements are met.
- ◆ **HAND CARRIED APPLICATIONS WILL NOT BE ACCEPTED.** **(Application form should be mailed separately from transcripts.)**

Selection Process

- ◆ Selection will be by random drawing at ASPTEA's May 2018 General Membership Meeting

Payment Process

- ◆ Recipient will be required to submit verification of Full Time (12 credits) enrollment for the Fall 2017 semester from the student's Accredited Educational Institution before payment issuance.
- ◆ Award will be issued no later than September 4, 2018

****Address has changed since 2017**

Questions? Call Colleen Ostrander at 602-254-8474, ext. 2

**ASPTEA Mike Cusimano Education Award
Application for Year 2018**

(Please print in ink or type)

1) Applicant's Name _____

2) Address _____

3) Phone Number (Include Area Code) _____

4) Date of Birth _____

5) Unweighted Grade Point Average _____

6) Name and Address of School you are (or will be) attending:

7) Planned Course of Study _____

8) Briefly describe how this award will assist you with your education (If needed, you may attach no more than one typewritten page.)

9) *Student's Signature _____ **Date** _____

10) ASPTEA Member Name _____

11) ASPTEA Member e-mail address: _____

12) ASPTEA Member mailing Address:

13) ASPTEA Member Phone Number (Include Area Code)

14) City Department _____

15) Check one: Parent _____ Legal Guardian _____

16) *ASPTTEA Member Signature _____

Date _____

***Will not be accepted without signatures and all eligibility requirements being met.**

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Do Not Write in this Section: ASPTEA Verification: _____