The Scholars Award

Sponsored by Interplastic Corporation

In affiliation with the ACMA and ICPA

Summary

Interplastic Corporation will sponsor six \$3,500 scholarships.

Scholarship

Six Scholars will be selected annually. The funds are a one-time gift of \$3,500 each and must be used for tuition and/or required books, supplies and equipment.

Eligibility Requirements

The scholarships are for graduating high school seniors planning to pursue a degree at an accredited four-year college or university. To be eligible, an ACMA or ICPA member company <u>must</u> employ the applicant's parent or legal guardian of the applicant. Interplastic Corporation employees and their dependents are not eligible for the Scholars Award.

Selection Criteria

The selection of the Scholars is based on all facts and circumstances, with special emphasis placed on the individual's personal merit and financial need. Merit is demonstrated in a variety of ways: academic achievement; leadership in school; civic and other extracurricular activities; motivation to serve and succeed in all endeavors. Financial need is based on expected family contributions and educational expenses.

Selection Committee

The selection committee membership will be comprised of academia, Interplastic staff, association members and staff.

An Interplastic representative will chair the committee and select committee members. All deliberations of the committee will be confidential and final recommendations will be reviewed by Interplastic Corporation.

To Apply

Students interested in becoming a Scholar may obtain applications via Interplastic Corporation's web site at **www.interplastic.com** or by contacting:

Interplastic Corporation Michelle Allshouse/The Scholars Award 1225 Willow Lake Boulevard St. Paul, MN 55110-5145

Email: mallshouse@ip-corporation.com

All completed applications must be mailed or emailed to Interplastic Corporation no later than April 19, 2024.



Applicant

Please review this form and make certain you have responded accurately to all items.

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Printed Name:			
Home Address:			
City:	State:	Zip Code	:
Phone:		Email:	
School Name:			
ACMA or ICPA Member Comp	oany at which your p	oarent, legal g	uardian or you are employed:
Employee Name:	E	imployee Role:	
Applicant's Relationship to em	nployee:		
Company Name:			
Company Address:			
Applicant's Signature:			_ Date:
Counselor / Principal	•	ortify that they c	are correct, insofar as the official
school records indicate in iten	-		are correct, insolar as the official
Signature:		Date:	
School Name:			
Address:			
City:		State:	Zip Code:
Phone:			

1. Grade Point Average: If your school uses a grading system weighted to acknowledge achievement in honors or advanced placement classes, please define the weighting system.						
3. Type of Curriculum (circle one):						
Honors or Advanced Placement	College	Preparatory	General/Core Studies			
School Activities/Achiever	ments					
4. Describe school activities in which	you have po	ırticipated:				
5. State/National awards and honors:						
6. School/Local awards and honors:						

7. Name(s) and year(s) of sports participated in, special recognition received, letters earned:				
Financial Considerations				
8. Combined household income:				
9. Expected Family Contribution:				
(This is based on your Student Aid Report (SAR) you can request a copy from the U.S. Department of Education after filling out your student aid application. Please enclose a copy of the SAR report if possible)				
10. Please describe any special financial circumstances you would like considered during the selection process:				
Community Activities				
11. Name(s) and year(s) of community organizations to which you have belonged:				
12. Names of organizations/activities for which you volunteer service without pay and the total number of hours you have volunteered for each organization:				

13. List any special awards o	or recognition for your vo	lunteer work:
Employment Activit	ies	
		which you have held outside the home, for
one month or longer.		
Employer Name:		Phone Number:
Employer Address:		
Hours Worked per Week:	Employment Dates:	
Job Description:		
Employer Name:		_ Phone Number:
Employer Address:		
Hours Worked per Week:	Employment Dates:	
Job Description:		
15. Diama l'al	alia aran la sura da dala	
15. Please list any summer jo	•	
		Phone Number:
Hours Worked per Week:	Employment Dates:	

Employer Name:	Phone Number:
Employer Address:	
Hours Worked per Week:	Employment Dates:
Job Description:	
Educational Plans	
16. To which colleges or universitie	
Final Comments	
17. Describe any special achiever	ments not previously mentioned.
18. Are there any other relevant fo	ctors we should consider?
19. If you are attaching additional Make sure your name is on ea	pages, how many are attached? ch page.
20. Did you enclose a copy of you	or Student Aid Report (SAR)?

