

# A.M.S.I. Foundation Inc.

ACHIEVING MONUMENTAL STRIDES INDEPENDENTLY

## Educators Scholarship in Memory of Anne Galimi Criteria and Requirements

1. Applicant must be a senior in the Merrimack Valley Area planning to attend a two or four-year college or a continuing education program in the education field.
2. Applicants must have a minimum high school cumulative GPA of a B (3.0).
3. Application ***must not*** reference student's name other than in the information section, the official school transcript, and the letters of recommendation. **If name appears on any other document, the applicant will be automatically disqualified for the scholarship. *This does include resumes, but does NOT include letters of recommendations or transcripts.***
4. If applying for other A.M.S.I. Foundation scholarships, **you may not use the same essay.**
5. Recipient **must show letter of acceptance** from the school they plan to attend in order to receive funds. Acceptance letter is not required to apply for scholarship.
6. Application must be **postmarked by March 15, 2017.**
7. Recipients will be notified by April 28, 2017.
8. Use this checklist to ensure all application criteria and deadlines are met:
  - Completed and signed application form
  - Completed long essay
  - Resume
  - Official* sealed school transcript
  - Two *official* letters of recommendation; one from a teacher and one pertaining to involvement in the community.

**P.O. Box 1184, Lowell MA 01853 Phone: 978-495-0944 Email: [info@amsifoundation.org](mailto:info@amsifoundation.org)  
[www.amsifoundation.org](http://www.amsifoundation.org)**



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## Educators Scholarship in Memory of Anne Galimi Application

I, \_\_\_\_\_ have fully read and understood the criteria and requirements for submitting an application to the A.M.S.I. Foundation as described on page one (1) of this application. If additional information is required by the foundation, I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration of this scholarship. I understand that this application will be reviewed by the scholarship committee during the selection process. I waive the right to access letters of recommendation written on my behalf. I hereby certify that the information I have submitted is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent(s)/Guardian(s) Printed Name (If applicable)

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Applicant's Signature

Mail completed application, postmarked no later than **March 15, 2017** to:

**A.M.S.I. Foundation**  
**P.O. Box 1184**  
**Lowell, MA 01853**

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**Legal Name:**

\_\_\_\_\_  
Last Name First Name M.I.

**Mailing Address:**

\_\_\_\_\_  
Street City State Zip

**Email Address:**

\_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Alternate \_\_\_\_\_

**School/Address:**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address City Phone

**Current GPA:** \_\_\_\_\_

**List Previous Schools Attended (Name and Address):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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