Scholarship Awards from the David Birenbaum Scholarship Fund are made available to current AAB regular members and to current registrant or regular class members of the AAB Associate Member Section, their spouses, and their dependents through the generosity of fellow members, interested individuals, industry, and educational institutions. These awards may be applied toward study in any academic discipline.

Complete all pages of this application in full. Type or print legibly. Any additional facts that you wish the Scholarship Committee to consider in judging your eligibility may be added on a supplementary sheet.

In addition to the completed scholarship application, the following documentation / material is required to finalize your application for review:

1. An official transcript documenting high school and, if applicable, college credit. Only official transcripts will be accepted – photocopies and unofficial transcripts are not acceptable. A transcript release form is available for your convenience in contacting your high school, college or other school. The form can be downloaded from the AAB website or is available by request from the AAB office.

   A partial official transcript may be submitted for students presently enrolled in an accredited high school or equivalent or college. A complete official transcript of credits from high school, college, or other school(s) attended must be submitted by all other applicants. A grading scale must accompany all official transcripts.

   Academic transcripts (US and International) must be forwarded to the AAB office directly from the issuing institution. Transcripts must be official and contain the seal of the educational institution. Transcripts may be forwarded by mail to: AAB Scholarship Program, 906 Olive Street, Suite 1200, St. Louis, Missouri 63101-1448.

   AAB will also accept official electronic transcripts, provided they are forwarded directly to AAB by the high school, college, or a company in partnership with the college (e.g., Transcripts Plus, Student Clearing House, and Parchment). Electronic transcripts should be forwarded to aab@aab.org.

2. Two original, signed letters of character reference. In addition to an original signature, each letter must include the full name of the reference and contact information (email address and telephone number preferred).

3. A high resolution digital photograph of yourself. A 300 dpi JPEG is preferred and should be emailed to HamptonL@aab.org. If you are chosen to receive a scholarship award, your photograph will appear in the AAB Bulletin, published periodically for the benefit of AAB members.

   These scholarship awards are gifts to be applied toward the cost of tuition. They place no obligation on the recipients other than that they do the best possible work as students. It is in the spirit of such gifts that recipients are not obligated to repay any money to AAB, but it is hoped that they, too, will help others to obtain an education when they become successful in the field of their choice.

After you have read the above and completed the application form, mail to:

   AAB Scholarship Committee  
   David Birenbaum Scholarship Fund  
   906 Olive Street - Suite 1200  
   St. Louis, MO 63101-1448

Failure to include any information requested will delay the application. Please double check that all requested information is included with the application before mailing.

The deadline date for submission of completed applications is generally in April or May of each year depending on the dates of AAB’s Conference. Contact the AAB office for details. Recipients will be announced immediately following AAB’s Annual Conference and awards will be presented immediately thereafter.
**Applicant, please note:** If you are married or otherwise self-supporting and are receiving no aid from your parents, please complete this form as it applies to your own situation.

Since this is a request for financial assistance, it is necessary that we ask for this confidential statement. This form should be filled out completely, or we will not be able to judge an applicant's worthiness for the scholarship.

**PART I - Applicant's Personal Statement**

**Date** ________________

**Applicant's Name** _____________________________________________________________________________________________

**Address** ________________________________________________________________________________________________

**City** _______________________________________________________________ **State** __________ **Zip Code** _______________

**Telephone:** ________________________________ **Email** __ ________________________________________________________

**Date of Birth** _______________ **Place of Birth**___________________________________________

☐ Male  ☐ Female  ☐ Married  ☐ Single

**Graduate of** _____________________________________________________________________ High School **Date Graduated** ________________

**Colleges or Other Schools Attended** ____________________________________________________________________________

The following information is submitted in support of application for a partial tuition scholarship to attend the (enter here the name of the school you plan to attend): ____________________________________________

**Address of School** ____________________________________________________________________________________________

**City** _______________________________________________________________ **State** __________ **Zip Code** _______________

**Date of proposed entry into school** ________________ **What is your goal after completing the program?** ________________

______________________________

______________________________

______________________________

**Employment in which you have been engaged and dates of employment:** _______________________________________________

______________________________

______________________________

______________________________

**Name and address of present employer** __________________________________________________________________________

______________________________

______________________________

______________________________

**Hours per week** _______ **Weekly earnings** ____________ **Number of persons dependent on your earnings and to what extent?** _____

______________________________

______________________________

______________________________

**Character References** (give name and address). Be sure to attach two original, signed letters of character reference. The written references do not necessarily have to come from the individuals listed below.

1. _____________________________________ 2. _____________________________________

_____________________________________ _____________________________________

_____________________________________ _____________________________________
PART II - Confidential Financial Statement

Names of Parents or Guardians:

Father __________________________________________________________________________________________________
Address _________________________________________________________________________________________________
City ____________________________   State _________   Zip Code _______________
Occupation(s) _____________________________________________________________________________________________
Annual Salary ____________________________________________________________________________________________
Employer(s) _____________________________________________________________________________________________

Mother __________________________________________________________________________________________________
Address _________________________________________________________________________________________________
City ____________________________   State _________   Zip Code _______________
Occupation(s) _____________________________________________________________________________________________
Annual Salary ____________________________________________________________________________________________
Employer(s) _____________________________________________________________________________________________

Were you listed as a tax dependent on your parent's income tax return last year?  ☐ YES  ☐ NO
Will you be listed as a dependent on your parent's income tax return this year?  ☐ YES  ☐ NO

Children dependent on you (or your parents) for support:

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<tr>
<th>Name</th>
<th>Age</th>
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Applicant's Assets and Liabilities:

Savings $  _____________________________________________________________________________________________
Insurance (educational)  ______________________________________________________________________________
Other (please list)  ___________________________________________________________________________________
Indebtedness $  _______________________________________________________________________________________  
Automobile: Make ___________________________________________ Year ______________

How much financial aid can you expect from your parents or other sponsor during your time at school?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Part III. Civic/Community Service and Other Activities

Describe below your civic activities, community involvement and other special activities that may assist the reviewers when considering your application. If necessary, add additional page(s).
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Part IV. Academic Interests and Goals

In the space provided below, please type or print a brief statement of your academic interests and goals.

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I hereby certify that the statements contained herein are true and correct to the best of my knowledge, and I give AAB permission to use general, non-financial information provided in this application for publicity on scholarship winners if I am awarded a scholarship.

___________________________________________________  ___________________________________________________
Applicant Signature                                      Parent or Guardian Signature