The Heloise Griffon Scholarship

And

The Margaret Crank Amps Scholarship

The Arkansas Association of Instructional Media is currently accepting applications for the Heloise Griffon and the Margaret Crank Amps Scholarships to be awarded at ***AAIM-Ignite the Spirit*** spring conference. The Heloise Griffon Scholarship, named in honor of the past Director of the Audiovisual Services for the Department of Education and the Margaret Crank Amps Scholarship, named in honor of the past Public School Program Advisor for the Library Media at the Arkansas Department of education, are awarded annually to assist persons employed in Arkansas schools in completing coursework leading to a master’s degree in library media education. Each scholarship is valued at $1000.00. The submission of this application will ensure that the applicant is considered for both scholarships.

**DEADLINE:** **Postmarked by January 20, 2016**

**Applicants must meet the following criteria:**

1. Hold license as a teacher in the state of Arkansas. The license must be awarded by the end of the spring or summer term in the school year in which the scholarship award is made.
2. Be enrolled in a master’s program leading to a degree in library media education and must have successfully completed 12 hours.
3. Provide an official transcript of graduate record with a 2.5 or higher grade point average (based on a 4.0 scale).
4. Provide a letter of recommendation from an administrator under whom the applicant is currently employed. If the applicant has no previous employment record, then he/she should submit a letter of recommendation from the applicant’s instructor.
5. Upon receiving the scholarship, complete within a period of one year, a minimum of six (6) semester hours in a program leading to a master’s degree in library media education.
6. Submit to the AAIM Board of Directors a copy of transcript, indicating completion of the six (6) semester hours of instruction, within one year of receiving the scholarship.

**MAIL APPLICATION TO:**

Cathy Toney

Carolyn Lewis Elementary School

1805 Old Military Rd.

Conway, Arkansas 72014

cathytoney54@gmail.com

toneyc@conwayschools.net

(PLEASE PRINT)

Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Pursued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Contact Information for Instructor Who Could Serve As a Referral

Write a letter detailing why you feel you would be a deserving recipient of one of the scholarships offered by the Arkansas Association of Instructional Media and how you will use it to advance the field of library media. Provide examples that demonstrate your commitment to the library media field and give evidence of leadership positions such as membership in professional organizations, school involvement, and current committees on which you might serve.

APPLICANT’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_