



SCHOLARSHIPS IN BROADCASTING & ELECTRONIC MEDIA 2020/2021 APPLICATION

NAME: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL : _____

PHONE : _____

1. Visit www.beaweb.org for scholarship criteria and directions. With a single application you can apply for all for which you are eligible, although you will be chosen for only one scholarship award.

CHECK EACH SCHOLARSHIP FOR WHICH YOU ARE APPLYING:

- Abe Voron Award** *Sponsored by Abe Voron Committee*
- John Bayliss Award** *Sponsored by John Bayliss Foundation*
- BEA Founders Award** *Sponsored by Broadcast Education Association*
- Vincent T. Wasilewski Award** *Sponsored by Patrick Communications, LLC*
- Library of American Broadcasting** *Sponsored by LAB Foundation*
- Richard Eaton Award** *Sponsored by Richard Eaton Foundation*
- Peter B. Orlik** *Sponsored by BEA Peter B. Orlik Scholarship Endowment*

2. EDUCATION BACKGROUND: Transcripts required from each. Your name and all grades **MUST** appear on transcripts as well as cumulative GPA.

Years Attended (from-to) _____
College/University _____

Years Attended (from-to) _____
College/University _____

Years Attended (from-to) _____
College/University _____

TRANSCRIPTS of all college work are enclosed as required. Yes No

PRESENT CLASS STANDING: *(for 2 Year College Students Only)*

H.S. Senior College Freshman Expected Graduation Year: _____

PRESENT CLASS STANDING: *(ALL OTHER STUDENTS)*

Sophomore Junior Senior Graduate Law School
Expected Graduation Year: _____

CUMULATIVE ACADEMIC GRADE POINT AVERAGE: *(based on a scale of A=4.0)*

Undergraduate: _____ Graduate: _____

High School *(for 2 Year Students Only)* _____

WHAT UNIVERSITY/COLLEGE DO YOU PLAN TO ATTEND NEXT YEAR?

WILL YOU BE AN UNDERGRADUATE OR GRADUATE STUDENT?

AT LEAST ONE DEPARTMENT ON THE ABOVE CAMPUS MUST BE A CURRENT BEA MEMBER INSTITUTION, IN GOOD STANDING, BY THE DEADLINE DATE

Applications listing ineligible schools will be disqualified. Go to www.beaweb.org and click on Scholarships to check if a campus is a member or call (202) 602-0587.

3. **TWO LETTERS OF REFERENCE:** Attach copies of the letters to each of the FOUR copies of your application. At least one letter must be from an electronic media faculty member. The other can be written by another faculty member or industry professional. Both must be submitted on letterhead. Please list the two references below (names, titles & university/college/company).

1) _____

2) _____

4. LIST HIGH SCHOOL ATTENDED, HONORS, ACTIVITIES, OFFICE HELD:

5. COLLEGE ELECTRONIC MEDIA EXPERIENCE: *(List most recent first of all experiences relating to college stations, and other campus electronic media activities. DO NOT include class work.)*

6. OTHER COLLEGE HONORS, ACTIVITIES, OFFICES HELD: *(List most recent first)*

7. PROFESSIONAL ELECTRONIC MEDIA EXPERIENCE: *(List most recent Jobs or internships at stations, networks, studios, agencies, etc.)*

8. DESCRIBE OTHER EMPLOYMENT, EXPERIENCE OR ACCOMPLISHMENTS: *(Include what you feel might be pertinent to this application)*

9. DEMOGRAPHICS: *The following is for statistical purposes only and will not impact committee decisions. It is not required but is very helpful in BEA demographic analysis.*

WHAT IS YOUR GENDER?

Female Male Other Prefer not to state

WHAT IS YOUR ETHNICITY?

African American Asian
 Biracial/Multi-Racial Caucasian
 Latina/Latino Native American
 International Prefer not to state
 Other

WHAT IS YOUR AGE GROUP?

16 - 24 25 - 34 35 - 44 45 & over Prefer not to state

10. **CAREER GOALS:** *(Provide a focused statement of your career goals IN NO MORE THAN 250 WORDS)*

11. **LIBRARY OF AMERICAN BROADCASTING SCHOLARSHIP:** If you are applying for the LAB scholarship you **MUST** include **FOUR** copies of your thesis or dissertation proposal abstract.

12. **RECOMMENDATION LETTER WAIVER:**

In accordance with Section 428 (a) (1) (B) (iii) of Public Law 93-830, I hereby freely waive my right of access to all letters of recommendation sent to Dr. Peter B. Orlik in conjunction with my application for a Broadcast Education Association Scholarship, and understand that these letters may not be used for any purpose other than evaluation of my qualifications for these scholarships, and that by signing this waiver I retain the right to learn the names of any and all persons submitting such letters. I understand that I may revoke this waiver in writing. However, such a revocation applies only to those materials received or entered into the record after the revocation is made.

Yes No

I certify that I will be a full-time student at a BEA member institution **FOR THE ENTIRE 2020-2021 ACADEMIC YEAR.** (Two semesters/three quarters)
Applications without signature will be disqualified.

SIGNATURE: _____

DATE: _____