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**American Association of Teachers of German, Inc.**

112 Haddontowne Court #104, Cherry Hill, NJ 08034

Telephone: 856-795-5553 ♦ Fax: 856-795-9398

info@aatg.org ♦ www.aatg.org

## **2018 German Summer Study Program for High School Students**

### **Szombathy-Toth Scholarship Application**

The AATG is offering one full need-based scholarship to an African American, Native American, Hispanic, or other minority student of German. This scholarship covers all program costs, domestic airfare, and some spending money. This scholarship is provided through a generous contribution of the Szombathy-Toth family. **Deadline for application is March 15, 2018.**

#### **Eligibility**

- You must be of African-American, Native American, Hispanic or other minority heritage.
- You must demonstrate financial need as verified by proper documents.
- You must meet the eligibility requirements for the AATG German Summer Study Program.

#### **Required Materials**

1. *Scholarship Application*
2. Essay written in English. Please address all of the following areas:
  - Why learning German is important
  - What circumstances make you a candidate for this scholarship
  - What you hope to gain from the experiences in Germany
  - How participation in the German Summer Study program will impact your futurePlease use standard 1" top, bottom, left, and right margins. Single space text, double space between paragraphs. Use a standard size 12 font.
3. *Scholarship Recommendation Form* completed by your teacher, counselor, administrator, employer, etc.
4. Copy of your *Transcript*
5. Copy of parent or guardian's *2016 or 2017 Federal Income Tax Return* showing adjusted gross income, or other proof-of-income documents if no return was filed.

Send application materials to Program Coordinator April Hemphill, [april@aatg.org](mailto:april@aatg.org) or mail to AATG, 112 Haddontowne Court #104, Cherry Hill, NJ 08034.

#### **Notification of Award**

AATG will notify the scholarship recipient by April 1, 2018.



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Szombathy-Toth Scholarship Application

Section 1 – To be completed by applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Section 2 – To be completed by parent or guardian

Student lives with  Both parents  One parent only  Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Occupation Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Occupation Phone (\_\_\_\_) \_\_\_\_\_

Number of dependent children in your household during 2017 tax year \_\_\_\_\_

The information given on this application is complete and accurate.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date