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

2017 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, 2017.**

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 future

   Please 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 *2015 or 2016 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 or mail to AATG, 112 Haddontowne Court #104, Cherry Hill, NJ 08034.

Notification of Award

AATG will notify the scholarship recipient by April 1, 2017.

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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 2016 tax year _____

The information given on this application is complete and accurate.

_____ _____
Student signature Date

_____ _____
Parent/Guardian signature Date