



AXA Achievementsm Community Scholarship

THE PROGRAM

The AXA Achievementsm Community Scholarship program offers \$2,000 college scholarships to high school seniors who have demonstrated outstanding achievement in their activities in school, the community or the workplace. The scholarships are sponsored by the AXA Foundation, the philanthropic arm of AXA Advisors LLC.

Applicants must -

- be United States citizens or legal residents,
- be students who reside and attend high school in AXA branch areas,
- be current high school seniors who plan to enroll full-time in an accredited two-year or four-year college or university in the United States by fall 2006,
- be ambitious and motivated, as evidenced by **outstanding achievement** in school, community, or work activities, and
- be recommended by an unrelated adult who can attest to the student's achievement.

AWARDS

Up to 375 students, to be known as AXA Achievers, will be selected to receive a \$2,000 award. Up to ten awards will be given per AXA Advisors branch office.

An AXA Achievementsm Community Scholarship must be used for education-related expenses for the 2006-2007 academic year. The scholarships are for the first year of undergraduate study only and are not renewable.

Eligible students are encouraged to apply for all AXA -sponsored scholarships, but a student may receive only one AXA-sponsored scholarship. For more information about all AXA Achievementsm Scholarships, visit www.axaonline.com/axafoundation.

CRITERIA

Applicants are asked to describe an outstanding achievement they have accomplished in a non-academic activity or project. The accomplishment may be a long-term achievement, an activity or a project that occurred in their school, in the community, or in the workplace. Primary consideration will be given to the applicant's demonstrated achievement in a non-academic area as reported by the applicant and supported by the appraisal completed by an adult who is not related to the applicant.

Consideration will also be given to other extracurricular activities in school and community, work experience, and the applicant's academic record over the past four years.

Selection of recipients is made by the administrator of the program, Scholarship America, a national nonprofit student aid and educational support organization. Selection will not discriminate on the basis of race, color, religion, age, gender, national origin or disability. Consideration will be given to select a diverse group of recipients.

APPLICATION

To apply, complete the attached application and have an unrelated adult complete the appraisal. Mail the completed, signed application with a current, complete official transcript of grades to:

AXA Achievementsm Community Scholarship
Scholarship America
One Scholarship Way, P.O. Box 297
Saint Peter, MN 56082

Applications and required attachments, must be printed, mailed and postmarked to Scholarship America by **February 17, 2006**. On-line transcripts and grade reports are not acceptable.



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APPLICATION, Continued

Applicants are responsible for gathering and submitting all required information in the format requested. Incomplete applications and those not conforming to the required format will be disqualified. Information received is considered confidential and is reviewed only by Scholarship America. This application, in this format, may only be used by Scholarship America to select recipients. If selected to receive an award, the student must authorize release of scholarship application materials and photograph for use by the sponsor for program promotion and publicity.

Applicants will be notified in late April. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

Scholarship America will process AXA Achievementsm Community Scholarship payments on behalf of the sponsor. **Payments will be made in equal installments on August 15, 2006 and December 30, 2006 and mailed to each recipient's home address. Checks will be made payable to the school for the recipient's account.**

OBLIGATIONS

Other than as specified above, recipients have no obligation to the AXA Foundation. They are, however, required to supply Scholarship America with complete transcripts when requested and to notify Scholarship America of any changes of address, school enrollment, or other relevant information.

RULES

Eligibility: No purchase necessary. Employees, financial professionals, or immediate family members of employees or financial professionals of the AXA Group, Scholarship America, or their affiliates, subsidiaries and advertising and promotion agencies are ineligible to apply.

Application: All sections of the application form and any attachments must be completed in the specified format and include the required signatures. Incomplete applications will be disqualified. The sponsor and Scholarship America will not be responsible for lost, late or misdirected, mutilated, incomplete, illegible or postage-due mail. All applications become the property of the sponsor and Scholarship America and will not be returned or acknowledged. The sponsor and Scholarship America may request additional information or documentation about an applicant. To remain eligible, applicants must provide all reasonably requested documentation and information.

Awards: Awards must be used for education-related expenses at an accredited two-year or four-year college in the United States for a full-time course of study. Full-time study is defined as full-time enrollment for the entire 2006-07 academic year. Awards will be paid in two installments, on August 15, 2006 and December 30, 2006. All checks will be made payable to the school for the recipient's account. Taxes, if any, are the sole responsibility of the recipients.

Additional terms: All applicants agree that decisions of Scholarship America are final. To receive the award, recipients agree to authorize release of scholarship application materials and photograph for use by the sponsor for program promotion and publicity. Applicants agree to release, discharge and hold harmless the AXA Foundation, Scholarship America, and their respective subsidiaries, affiliates, officers, directors and employees, from any and all claims or damages arising out of, in any way, their participation in the program. The AXA Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program. Scholarship America and the AXA Foundation reserve the right to interpret these rules and to make decisions concerning the award, acceptance and use of scholarships in situations not covered by these rules.

Questions about the application process may be directed to Scholarship America toll-free at 1-800-537-4180 or by e-mail to: axacommunity@scholarshipamerica.org.



AXA Achievementsm Community Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Do not staple, clip, or place in a binder.
If not neat and complete, application will not be reviewed.

AXA Advisors, LLC Branch Number #300

Application postmark deadline February 17, 2006

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	O	RIC/CS	GPA	SATV/CR	SATM	ACTE	ACTM	A	W	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-mail Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Are you a U.S. citizen? Yes No If no, are you a legal U.S. resident? Yes No; status: _____
 How did you learn about this scholarship opportunity? School AXA Other _____
 Please indicate your status. Male Female
 American Indian /Alaska Native Black/African American Native Hawaiian/Pacific Islander Multi-Racial
 Asian Hispanic/Latino White

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 E-mail Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 Address _____ Telephone (_____) _____
 City _____ State _____ Zip Code _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.
 _____ City _____ State _____
 _____ City _____ State _____
 4 yr. College or University 2 yr. Community or Junior College Other, explain _____
 Year in school next year: 1 Other, explain _____
 Major or course of study _____ Expected college graduation date: Month _____ Year _____
 Degree sought: Bachelor Associate Other _____

Applicant's First and Last Name _____

OUTSTANDING ACHIEVEMENT

Describe in detail one outstanding non-academic achievement that you accomplished. Your achievement may be an activity or project in school, in your community, or at work. **Provide your answers on this page.**

1. What is your outstanding achievement?

2. What did you do to accomplish your achievement? What challenges did you face?

3. What impact did your achievement have on you, your family, your school or your community?

If space provided in the following sections is inadequate, you may continue on one sheet of paper using the same format. Information sheets in incorrect format and resumes will not be considered. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., 4-H, Rotary, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

APPLICANT APPRAISAL (REQUIRED)

This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by an unrelated adult who is familiar with your outstanding achievement.

To the Appraiser: You have been asked to provide information in support of this application. When complete, please return to applicant. (If you prefer, photocopy this section and return to the applicant in a sealed envelope.) A letter of recommendation does not replace this section and will not be reviewed.

Applicant's Name _____

1. Describe specifically how the student accomplished his/her outstanding achievement described in the student's application by working hard, overcoming challenges, showing improvement, demonstrating commitment, and/or assuming extra responsibilities. Please comment in the space provided.

2. Check the word or phrase which you feel best describes the applicant's performance in the accomplishment, activity or project.

a. Compared with other similar students' accomplishments, the applicant's achievement as described	<input type="checkbox"/> far exceeded expectations	<input type="checkbox"/> exceeded expectations	<input type="checkbox"/> met expectations	<input type="checkbox"/> somewhat met expectations
b. The applicant demonstrated initiative and self-motivation	<input type="checkbox"/> consistently	<input type="checkbox"/> most of the time	<input type="checkbox"/> sometimes	<input type="checkbox"/> infrequently
c. The applicant's ability to overcome challenges to achieve has been	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
d. The applicant's ability to follow through and complete the tasks was	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
e. The likelihood the applicant will continue to engage in similar activities or projects is	<input type="checkbox"/> very high	<input type="checkbox"/> moderately high	<input type="checkbox"/> probable	<input type="checkbox"/> unlikely

Appraiser's name _____ Relationship to applicant _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official high school transcript of grades must be sent with this application with a clear explanation of the high school's grading scale. On-line transcripts and grade reports are not acceptable. In addition, this section must be completed by the appropriate school official.

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT		ACT	
	Weighted: _____/4.0 scale		Verbal/Critical Reading	Math	English	Math
	Unweighted: _____/4.0 scale					

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications, resumes, and additional information sheets not conforming to the required format will not be evaluated. This application becomes complete and valid only when you have submitted all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable
- All materials, including transcript are contained in the same envelope. We recommend a 9" x 12".

All materials, including transcript, must be addressed to:

AXA Achievementsm Community Scholarship Scholarship America
One Scholarship Way, P.O. Box 297
Saint Peter, MN 56082

Postmark deadline February 17, 2006

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.) The sponsor and Scholarship America will not be responsible for lost, late or misdirected, mutilated, incomplete, illegible or postage-due mail.

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. If selected as a scholarship recipient, I give Scholarship America permission to release my application, transcript, photograph and supporting documents to the sponsor for promotional and publicity purposes.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____