|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | | |  | | | | | | | |
| Last Name | | | | |  | | | | | | | |
| AMV Position | | | | |  | | | | | | | |
| AMV Dining Location | | | | |  | | | | | | | |
| Start Date. | | | |  | | | Length of Employment | | |  | | |
| Current Educational Institution | | | | | | |  | | | | | |
| 2024-2025 College or accredited institution | | | | | | |  | | | | | |
| Indicate the campus | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| Employment Information | | | | | | | | | | | | |
| If you have a second job outside of AMV, describe your duties and indicate the number of hours you work at the position in 1 to 3 sentences | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| If you have ever worked in another AMV Position, Indicate the position and your duties. | | | | | | | | | | | | |
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| How many hours do you work each week? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What do you consider the most challenging aspect of your position, in 1 to 3 sentences? | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | |
| Educational Aspirations | | | | | | | | | | | | |
| What major or vocational training are you pursuing? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What is your current grade point average? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What is your targeted graduation date? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What diploma, degree or certificate will you receive at graduation? | | | | | | | | | | | | |
| Associate in digital Animation | | | | | | | | | | | | |
| Below List the last classes you took with the grade or number of credits received | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| Below list the classes you intend to take in the fall or spring semester. | | | | | | | | | | | | |
|  | Class Title | | | | | |  | Credits | | |  | |
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| What do you hope to achieve with this training/education | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Personal Interest | | | | | | | | | | | | |
| List your special Interests and/ or hobbies | | | | | | | | | | | | |
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| Select any hobby or interest and discuss why and what impact it makes on your life | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| **What event or person had an influence on you personally or your educational goals?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| How many times have you applied for this award? | | | | | | |  | |  | |  | |
| How many times have you received this award? | | | | | | |  | |  | |  | |
| Why do you deserve the award this Year? | | | | | | | | | | | | |
| * Click or tap here to enter text. | | | | | | | | | | | | |