

MECHANICAL ENGINEERING SCHOLARSHIP APPLICATION

Date: _____

Name: _____

Student ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

From which high school did you graduate? _____

High school city and state: _____

Are you transferring from another school? No Yes; school name _____

(Upcoming) Year of Study: Fall semester: _____ Spring semester: _____

Expected Graduation Date: _____ GPA: _____ Advisor: _____

Names of **all** scholarships received during the current academic year:

Member of any organizations? Yes No

Names of Organizations that you are a current member:

Statement of why you want a scholarship:

FOR DEPARTMENT USE ONLY

Department Contact Person: _____

Approved: Yes No

Type of Scholarship: _____

Amount: _____ Date: _____ Account if any: _____