



Undergraduate Scholarship Application

Please type or print all information in ink and make sure to complete both pages of the scholarship application.

1. Personal

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: _____ Citizenship: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Summer/Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

2. Education

Will you be a full-time student in the coming school year? Yes No Classification as of Next Fall: Junior Senior

Current College: _____ Major: _____

City: _____ State: _____ Country: _____

Start Date: _____ Expected Graduation Date: _____ Degree Expected: _____

3. Scholarship Award

Proposed College for Continuation of Undergraduate Degree: _____

Name of School Official Receiving the Check: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Special Instructions: _____

4. Employment (Most Recent First):

Company: _____ Job Title: _____ Employment Dates: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Company: _____ Job Title: _____ Employment Dates: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____



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5. Attach the Following to Your Application:

In order to be considered, be sure to send all information requested.

All documents must be in English or have an English translation attached.

- A statement describing your plans for study in plating and surface finishing technologies, career objectives, and long-term goals. (Limit: 2 typed pages)
- A résumé or list detailing your educational achievements (Limit: 2 typed pages)
- A letter of recommendation from your academic major adviser

Advisor's Name: _____

- A letter of recommendation from a teacher, professor, or employer.
- A transcript or facsimile of recent academic records.
(The present year and immediate previous year will fulfill this requirement.)

I understand that any misleading or incorrect information may void the submitted application.

Applicant's Signature: _____ Date: _____

Send application and only the requested supporting documents listed above to:
AESF Foundation; 1155 Fifteenth St. NW, Suite 500; Washington D.C. 20005