ILLINOIS SOCIETY OF PROFESSIONAL ENGINEERS

ST. CLAIR CHAPTER

SCHOLARSHIP APPLICATION

**PERSONAL INFORMATION:**

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Name:

Last First Middle

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Home Address:

Number/Street

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City/State/Zip Code

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Phone No.: Email:

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Date of Birth:

**ACADEMIC INFORMATION:**

High School:

Phone No.:

Accumulative Grade Point Average:

3.0 or higher based on 4.0

SAT/ACT Scores: SAT        Math       Verbal (Min. Math 665; Min. Verbal 600)

ACT        Math       English (Min. Math 29; Min. English 25)

**NOTE TO APPLICANT:**

To be eligible for the ISPE St. Clair Chapter scholarships, applicants must attend an engineering program at an **Illinois or Missouri** university/college that has been accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (EAC-ABET).

An applicant will be disqualified if the school is not EAC-ABET accredited. Please rank the schools to indicate your preferred choice if you are accepted.

Schools Applied to: Date Applied: Accepted (Yes/No):

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1st Choice:

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3rd Choice:

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4th Choice:

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Field of Engineering to be studied:

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Applicant Name:

**TECHNICAL SCHOOL ACTIVITIES:**

List technical school activities and memberships. Examples are: math club, science club, computer club, science fair, WYSE, etc.

Month/Year to

Month/Year

(most recent first) Activity Most Significant Contribution

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**NON-TECHNICAL SCHOOL ACTIVITIES:**

List non-technical school activities and memberships. Examples are: school newspaper, yearbook, debate team, sports team member, band, cheerleader, etc.

Month/Year to

Month/Year

(most recent first) Activity Most Significant Contribution

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**MAJOR OFFICES / SIGNIFICANT CONTRIBUTION TO HS ACTIVITIES:**

List offices held in school activities and memberships. Examples are: president, vice-president, secretary, treasurer of your class, student council or club, captain of sports team, etc.

Month/Year to

Month/Year

(most recent first) Activity Most Significant Contribution

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Applicant Name:

**VOLUNTEER ACTIVITIES:**

List on/off school volunteer activities and memberships. Examples are: camp counselor, Big Brother/Sister, Boy/Girl Scouts, 4-H Club, church choir, etc.

Month/Year to

Month/Year

(most recent first) Activity Most Significant Contribution

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**WORK EXPERIENCE:**

List employment during school and summer break.

Month/Year to Place of Employment

Month/Year Name of Supervisor

(most recent first) Tel. No. Job Duties & hours worked per week

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**HONORS AND AWARDS:**

May or may not be academic related.

Reason for Receipt

Month/Year Sponsor Name of Award of Award

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Applicant Name:

**FINANCIAL INFORMATION:**

How do you plan to finance your education and living expenses?

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| Item | Estimated Cost | Savings | Grants | Scholarships | Family Support | Loans you are legally obligated to repay | |
| Tuition/ Fees | $ | % | % | % | % | % | =100% |
| Books/ Supplies | $ | % | % | % | % | % | =100% |
| School Year Living Expenses | $ | % | % | % | % | % | =100% |

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Please provide your family’s gross annual income for the past year.

Do you or your family have any financial hardships that the ISPE St. Clair Chapter Scholarship Committee should consider when reviewing your application?

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If necessary, use an additional sheet.

**ESSAY:**

The essay should discuss your interest in engineering, your major area of study including your area of specialization, and the occupation you propose to pursue after graduation. What are your long-term goals and how do you hope to achieve them? The essay may also include any other pertinent information that is relevant to your career plans. The essay should be no more than 500 words in length, double-spaced, typewritten or computer printed. Put your name and major field of engineering at the top of the page.

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Applicant Name:

**REQUIRED INFORMATION (SIGNATURES)**

**Applications without signatures noted as required will be disqualified.**

**Scholarship Applicant (Signature Required):**

**Permission to Release or Validate Information**

According to the Family Educational Rights and Privacy Act, a transcript is a confidential document and cannot be released to a third party without the written consent of the student. So that we may distribute copies of your transcript along with your scholarship application to our Scholarship Committee, please sign the following permission statement.

*I hereby grant permission to allow ISPE St. Clair Chapter to release information contained in this application, including copies of my transcript, to members of the ISPE St. Clair Chapter Scholarship Committee.*

Also by signing this application, you agree that to the best of your knowledge, the information presented on this application is complete and true.

Applicant’s Signature Date

**Principal/Guidance Counselor Certification (Signature Required):**

I certify that the academic information presented on this application is complete and true and that the applicant meets the stated eligibility requirements.

I certify that the applicant is a U. S. citizen.

Signature: Date:

Printed Name and Title:

High School:

Phone Number:

Assemble the application in the following order; do not use a report binder:

1. Application
2. Recommendation of Teacher (at least two)
3. Employer Recommendation (optional)
4. Essay (maximum 500 words)
5. Official Transcripts (must be in a sealed envelope)
6. SAT/ACT Scores (SAT Math: 665, Verbal: 600) (ACT Math: 29, English: 25)

(Attach One Official Score Sheet if not included on the official transcripts)

It is the responsibility of the applicant to see that complete information is submitted as required. Incomplete applications may not be considered. It is recommended that the applicant type the application. The overall appearance of the application is included in the scoring.

Interested students should submit the application package prior to March 28th of the current year. The application package shall be postmarked or hand delivered by this date. Forward complete application package to:

Mr. Matt Fields

ISPE Scholarship Committee Chairman

Wilson & Company, Inc.

3636 S. Geyer Road   
 Suite 100

St. Louis, MO 63127

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Applicant Name:

**TEACHER RECOMMENDATION (Two required for submittal with application):**

I would recommend the above student for an ISPE St. Clair Chapter scholarship for the following reasons:

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Teacher’s Name: Date:

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Teaching Discipline and Name of School:

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Applicant Name:

**EMPLOYER RECOMMENDATION (Optional; not required to be submitted):**

I would recommend the above student for an ISPE St. Clair Chapter scholarship for the following reasons:

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Name of Person Completing Recommendation:

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Name of Company and Position Held:

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Date: