



# 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: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## 2. Education

Will you be a full-time student in the coming school year?  Yes  No

Undergraduate Degree School: \_\_\_\_\_ Student ID: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_ Area of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

## 3. Scholarship Award

Name of School Official Receiving the Check: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

School Student Accounts Phone Number: \_\_\_\_\_

## 4. Most Recent Employment:

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



# Undergraduate Scholarship Application



## 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 resume 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; 1800 M Street, Suite 400 S; Washington, D.C. 20036