

# 2018-2019 ANS General Application

Deadline: February 01 2018 at 11:59 PM CST (Midnight)

## Basic Information

### Contact Information

For which ANS General Scholarship are you applying? \*

- Freshman Undergraduate (incoming Freshman)
- Sophomore Undergraduate (incoming Sophomores)
- Undergraduate (incoming Juniors & Seniors)
- Graduate

First name \*

Middle initial

Last name \*

Present street address \*

City \*

State \*

Zip code \*

Home phone \*

Email \*

Business/cell phone \*

Are you a U.S. citizen? \*

Yes

No

Permanent visa expiration date

Birthdate \*

College/university enrolled in/applied to \*

Department of school \*

Street address \*

City \*

State \*

Zip code \*

Your status in the upcoming academic year \*

Freshman

Sophomore

Junior

Senior

MS candidate

PhD candidate

Community college student

Trade school student

Are you an ANS national student member? \*

Yes

No

If yes, please provide your member ID#.

(Maximum range: 999999999)

Department Chair for the upcoming year

\*

Address \* Scholarship checks will only be mailed to the Department Chair. Please consult your faculty advisor to find out who this is.

City \*

State \*

Zip code \*

Please list all forms of financial assistance you are currently receiving (type of assistance, amount and dates of assistance, i.e. Sept 2016-June 2017). \*

If this doesn't apply to you, please indicate with 'N/A'.

Please list all forms of financial assistance for which you have applied (type of assistance, amount and dates of assistance, i.e. Sept 2016-June 2017). \*

If this does not apply to you, please indicate with 'N/A'.

Do you have any military or other obligation that requires a work commitment immediately following graduation? \*

Yes

No

If yes, please explain.

### 2017-2018 ANS General Scholarship Sponsorship Form

Sponsorship for scholarship must be made by an ANS constituent unit (ANS Student Section, Local Section, Plant Branch, Division, etc.) or an individual ANS national member to establish that the applicant is indeed a student and deserving of funds provided by ANS for the scholarship. You can find a list of ANS constituent units with contact information at [www.ans.org/const/](http://www.ans.org/const/) Please advise your contact of this incoming email to ensure a timely response.

Sponsoring Organization Contact's First Name First Name \*

Sponsoring Organization Contact's Last Name \*

Sponsoring Organization Contact's Email Address \*

Sponsoring Organization Contact's Phone Number

Sponsoring Organization Contact's Title \*

Sponsoring Organization \*

## Education and Training

### Education and Training

For attendance at a College, University or Technical Institute, give the information requested for each undergraduate and graduate degree. If you did not receive a degree, but have some college, please give dates of attendance and total hours completed. All official transcripts must be included in your application package.

School \*

Location \*

Start date \*

End date \*

Major \*

Unweighted GPA \*

Degree Received \*

- Bachelors
- Masters
- PhD/Doctorate
- Certificate
- None

Title of Degree Received \*

Do you have more? \*

- Yes
- No

### Current School Transcript

Please send this transcript request to your school's administrator. For current college students: You are responsible for contacting your registrar's office to ensure your transcript has been properly requested using your institution's transcript request procedure and sent directly to [scholarships@ans.org](mailto:scholarships@ans.org) or completed using this request. You must also verify that this request has been fulfilled and sent. If the transcripts are not received by the deadline, you will not be considered for any awards. This transcript is required to be received from the proper institution. Applicant submissions or sending this request to yourself for submission is NOT permitted. If it is found that the transcript was not received using the proper procedures, you will be disqualified for any scholarships.

Contact's First Name \*

If you don't have a name, enter "Registrar's"

Contact's Last Name \*

If you don't have a name, enter "Office"

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

### Education and Training

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School

Location

Start date

End date

Major

Unweighted GPA

Degree Received \*

- Bachelors
- Masters
- PhD/Doctorate
- Certificate
- None

Title of Degree Received \*

Do you have more? \*

- Yes
- No

## Education and Training

**Additional Education/Training**

List other schools (secondary, vocational), specialized military services, and apprenticeship programs.

School

City

State

Country

Start date

End date

Field of study

Secondary school GPA

## Academic Honors and Activities

List any academic honors received.

List any academic or professional activities and offices held. Include your contributions within the ANS either locally or at the national level.

## Employment

### Employment

Account for all employment including US military service. Start with your most recent position and work backward. Indicate average numbers of hours per week for any position less than full-time.

Position \*

From \*

To \*

Average hours per week \*

Name of employer \*

Street address \*

City \*

State \*

Zip code \*

Supervisor's name \*



Supervisor's phone number \*

May we contact your supervisor regarding your qualifications? \*

Yes

No

Your principle duties, accomplishments, and special equipment used \*

Do you have another job you would like to enter? \*

Yes

No

## Employment

Position \*

From \*

To \*

Average hours per week \*

Name of employer \*

Street address \*

City \*

State \*

Zip code \*

Supervisor's name \*

Supervisor's phone number \*

May we contact your supervisor regarding your qualifications? \*

Yes

No

Your principle duties, accomplishments, and special equipment used \*

Do you have another job to enter? \*

Yes

No

## Employment

Position \*

From \*

To \*

Average hours per week \*

Name of employer \*

Street address \*

City \*

State \*

Zip code \*

Supervisor's name \*

Supervisor's phone number \*

May we contact your supervisor regarding your qualifications? \*

Yes

No

Your principle duties, accomplishments, and special equipment used \*

## References

### Reference #1

List three people, preferably supervisors and/or faculty members, who are familiar with your qualifications. These people will be requested to provide a reference for you.

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

### Reference #2

Please use a person who is qualified.

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

### Reference #3

Please use a person who is qualified.

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

## Personal Statement

In 500 words or less, please give us a personal statement of your future plans. \*

Maximum Number of Words: 500