AIA Eastern Illinois
A Chapter of The American Institute of Architects

2016 SCHOLARSHIP APPLICATION

Please type or print all information. All questions must be answered. (Attach most recent transcript of grades to this form)

Date: _____

1. Personal Data

Name: _____ SSN: _____
Permanent Address: _____ Male: ___ Female: __
City, State Zip: _____ Are you a US Citizen? ____Yes ___No
Home Phone: _____ Date of Birth _____Age___
Present Address: _____Present Phone Number_____
Marital Status: _____ email address_____

Parents/Guardian Name: _____
Parent/Guardian Address: _____
City, State Zip: _____

2. Present Education Program

Name and address of Current School Attending _____
_____
_____

Year of Completion at end of this school term _____
Year expected to graduate _____
Accumulative Grade Average _____on a_____grade scale

3. Awards/Honors:

Description	Date	Comments

4. Affiliations:

AIA Participation Student Member of the following AIA chapter:

_____

Member since: _____

Social _____

Professional _____

Volunteer Work

_____

Other _____

5. Previous High School or College Attendance Record:

Name of High School or College	Date(s) of Attendance

6. Career Objectives Describe in your own words why you selected Architecture as a career and specifically where you see your role as an architect within either the Profession or society. (Your response should be attached on a separate sheet of paper and must be typewritten. Limit your response to 300-500 words.) Please include your name.

7. Essay Write a newspaper article promoting architecture and the profession to the public. (Your response should be attached on a separate piece of paper and must be typewritten. Limit your response to 300-500 words.) Please include your name.

8. Employment History Indicate full or part-time employment you have had to date:

Employer's Name	Type of Work	Length of Employment

9. Recommendations Please list below two people whom you will request to complete the enclosed recommendation forms in support of your application. Letters area accepted from former or current teachers, school officials, employers, or other persons not related to you. Letters of recommendation must be less than one year old at the time of application. Applicants are responsible for ensuring that letters of recommendation are enclosed with this application. Do not send under separate cover.

_____

Name Address

_____

Name Address

10. Certification

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated. I also understand that the application will not be complete without the letter of recommendation enclosed. I understand that in order to be considered for review of applications, materials must be postmarked no later that the deadline date. It is also my understanding that no materials will be returned.

_____

Name Address

UPON COMPLETION OF THIS APPLICATION, MAIL *FORM, ESSAYS* AND *TRANSCRIPTS* TO THE ADDRESS BELOW.

If you have not yet received your Spring semester transcript, send your Fall transcript. A transcript must accompany this application to be eligible for consideration of this award.

The American Institute of Architects
Eastern Illinois Chapter
P.O. Box 1476
Homewood, Illinois 60430