



# Arab American Association of Engineers and Architects Capital Area

## Scholarship Application Form

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Declared Major: \_\_\_\_\_

Name of University or College currently attending: \_\_\_\_\_

Freshman     Sophomore     Junior     Senior     Graduate

Cumulative GPA: \_\_\_\_\_

Undergraduate only: Do you have plans to go on to graduate school

Yes     No

Name and title of the person who will be sending a recommendation letter for you: \_\_\_\_\_

Are you currently an AAAEA member?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If Yes, Date became a member: \_\_\_\_\_

Community Service / Involvement: \_\_\_\_\_

AAAEA Committee Involvement: \_\_\_\_\_

I certify that the above information furnished herein is true and accurate and I do hereby authorize AAAEA – Capital Area to verify the information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_