



Minnesota Chapter

SCHOLARSHIP APPLICATION

MINNESOTA CHAPTER ASM

Type or print all information except for signatures. If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

APPLICANT DATA	Last Name		First Name		Middle Initial	
	Street Address				Apartment No.	
	City, State, Zip Code					
	Date of Birth: Month Day Year		USA Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone: (Area) Number	
HIGH SCHOOL DATA	High School Name				Graduation Date Month: Year:	
	Principal				School Telephone: (Area) Number	
	City, State, Zip Code					
POST SECONDARY SCHOOL DATA	<i>Name Post-Secondary school for which scholarship is requested. Please indicate year of study during current year.</i>					
	Post Secondary School Name		City		State	
	<input type="checkbox"/> Technical College <input type="checkbox"/> 4-Year College or University <input type="checkbox"/> Other _____					
	Year in Post Secondary Program during coming year:					
	Undergraduate: 1 2 3 4 OR Graduate: 5 6					
	Major Course of Study:			Anticipated Date of Graduation: Month: Year:		
WORK EXPERIENCE	<i>Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.</i>					
	Company		Dates From: Mo./Yr. To: Mo./Yr.		Hrs. Per Week	Amt. Earned

COMMUNITY OR EXTRA- CURRICULAR ACTIVITIES AWARDS AND HONORS	<i>List all school and community activities in which you have participated during the past four years e.g. student government, sports, choir, band, Red Cross, church work, volunteer work.</i>		
	Activity	Number of Years Participated	Awards/Honors
UNUSUAL CIRCUM- STANCES	<i>Report all unusual family or personal circumstances that have affected your school activities, work experience, or achievement in school.</i>		
APPLICANT'S SIGNATURE		DATE	