



# AIA Eastern Pennsylvania

## 2021 SCHOLARSHIP CRITERIA AND APPLICATION

### APPLICANT

Name: \_\_\_\_\_  
*First Middle Last*

Spouse (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth: \_\_\_\_\_ Male  Female  Home Phone: \_\_\_\_\_

SSN: Not Required Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### FAMILY INFORMATION: *(Provide the following information where applicable)*

\*Name of father, stepfather or guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email : \_\_\_\_\_

\*Name of mother, stepmother or guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email : \_\_\_\_\_

\*Check if applicable:  Father deceased  Mother deceased  Parents Divorced

Name of Applicant: \_\_\_\_\_

**COLLEGE / UNIVERSITY / TECHNICAL SCHOOL INFORMATION:**

College / University / Technical School you are planning to attend, or are currently attending:

\_\_\_\_\_

Upcoming Academic Year:       Freshman       Sophomore       Junior       Senior       Graduate School

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

*Street*

*City*

*State*

*Zip Code*

Academic Status:       Full Time       Part Time      Number of Credits Earned: \_\_\_\_\_

**SCHOOL AND COMMUNITY ACTIVITIES**

Using the spaces below, list extracurricular, athletic, community and religious activities in which you have participated during the past four years. Please list the activities in order of importance to you.

Activities	# of Years	Leadership Positions, Awards and Recognition

**WORK EXPERIENCE**

Using the spaces below, list paid work experience during the past four years, beginning with your most recent position. (Attach additional sheets as necessary for hard copy version)

Employer	Nature of Work	Employment Dates	Hours/Week

Name of Applicant: \_\_\_\_\_

*I hereby authorize the AIA Eastern Pennsylvania Scholarship selection committee permission to contact any of my teachers, supervisors, and professional and educational institutions that I have attended, applied to, have been accepted for admission or membership to for further information about my attendance, performance, financial circumstances and references. I acknowledge that all materials submitted in this application become the property of the AIA Eastern Pennsylvania Scholarship selection committee and will not be returned to sender. I further understand that the scholarship award shall apply to the upcoming academic year only, and that I may reapply for similar aid on an annual basis as needed without guarantee of future acceptance and/or award.*

**Applicant's  
Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

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