|  |  |
| --- | --- |
| IAFAIS logo | INTERNATIONAL ALLIANCE FOR ABILITY IN SCIENCE |
|  |  |

# SCHOLARSHIP APPLICATION

## Applicant Information (required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Scholarship  Applying for: |  |

*(This application page may only be used for one scholarship at a time. If you wish to apply to multiple IAFAIS scholarships within the same semester, you must complete a different application packet for each scholarship.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen or permanent resident of the United States? | YES | NO | If not, do you hold a student visa? | YES | NO |
|  |  |  |  |  |  |

## Education (required)

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College: |  | Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | | To: |  | Did you graduate? | | YES | | NO | Degree: |  |
| College: | |  | | | | Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Reference (required)

Please list one academic or professional reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Affiliation: |  | Phone: |  |
| Email: |  |  |  |

*\*\*\*(****IMPORTANT: The author of your reference letter will need to submit their letter to IAFAIS directly at*** [***apply@iafais.org***](mailto:apply@iafais.org)***. Instructions for Recommenders can be found at www.iafais.org/scholarships.****)\*\*\**

## Military (optional)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

Current Rank   
(if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge  (if applicable): |  | Type of Discharge  (if applicable): |  |

## Disclaimer and Signature (required)

\*\*\*(**IMPORTANT: Do not forget to submit your statement of purpose (reasons for applying) with this document at the same time to IAFAIS directly at** [**apply@iafais.org**](mailto:apply@iafais.org)**. Instructions for the statement of purpose can be found at www.iafais.org/scholarships.**)\*\*\*

I certify that my answers are true in this application and in my statement of purpose (reasons for applying).

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

FOR THOSE SUBMITTING A PHOTO AND BIO:

By signing below, I certify that International Alliance for Ability in Science has permission to use and disseminate my submitted photo and biography on their website, social media pages, and newsletter announcements if I am chosen.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |