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| International Alliance for Ability in Science logo of the name underneath an atom  |  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/Providence/Region Zip/Postal Code

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Country

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

|  |  |  |
| --- | --- | --- |
| Last 4 Digit of Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| (All applications are kept private; however, please leave this section blank for now, regardless of inside/outside US status you hold. For Inside of US: You may need to provide your full Social Security Number if you are chosen as the award recipient due to tax purposes and 501(c)(3) IRS compliance.For Outside of US: Please write “N/A” here.) |

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| Scholarship(s) Applying for: |  |

*(Please list all scholarships you are applying for.)*

*(This information is obtained only for 501(c)(3) IRS compliance and tax purposes. Residency/residencies, citizenship(s), country/countries of origin, nationality/nationalities, and so on will* ***not*** *impact the application decision process.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *INSIDE THE UNITED STATES:*Are you a citizen or permanent resident of the United States?If not, do you hold a student visa? | YES[ ]  YES [ ]  | NO[ ] NO[ ]  | *OUTSIDE THE UNITED STATES:*Are you a citizen or permanent resident of the country you are currently studying/working in?If not, please indicate the country or countries with which you are a citizen or have permanent residency in. | 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 to*** ***apply@iafais.org******. Instructions for Recommenders can be found at*** [***www.iafais.org/scholarships***](http://www.iafais.org/scholarships)***. WE DO NOT ACCEPT RECOMMENDATION LETTERS DIRECTLY FROM APPLICANTS.****)\*\*\**

## 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), headshot photo, and biography with this document to** **apply@iafais.org****. Instructions for the statement of purpose and biography/photo document can be found at www.iafais.org/scholarships.**)\*\*\*

I certify that my answers provided in this application, statement of purpose (reasons for applying), and in my biography are all true. I give International Alliance for Ability in Science (IAFAIS) permission to use and publish my name, image, and biography on their website, social media platforms, and newsletters if chosen as an award recipient.

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