



**Auxiliary to the Harrisburg Chapter
Pennsylvania Society of Professional Engineers**

**SCHOLARSHIP
APPLICATION**

Reply to: Mrs. Karen Diener Best
30 Timber Road
Mechanicsburg, PA 17050-4505
717-766-7986 kdbest@pa.net

Please provide the following information:

NAME _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ DATE OF BIRTH _____ SEX _____

HIGH SCHOOL NAME _____

SCHOOL ADDRESS _____

DATE OF GRADUATION _____ U.S. CITIZEN*: ()YES ()NO

*Applicants must be U.S. Citizen at the time of application.

FATHER'S NAME _____ ADDRESS _____

OCCUPATION _____ EMPLOYER _____

MOTHER'S NAME _____ ADDRESS _____

OCCUPATION _____ EMPLOYER _____

SIBLING NAMES AND AGES (IF ANY):

NAME OF COLLEGES APPLIED TO:

STATUS OF ACCEPTANCE:

The applicant must have applied to at least one Engineering Accreditation Commission of ABET engineering programs.

Test Scores

Each applicant must meet both of the minimum requirements for one of the following tests. Post test scores from your transcript or other enclosed documentation below. Do not mix scores from different dates.

Test Name	SAT Math	SAT Writing	SAT Verbal	ACT Math	ACT English	PAA Quant	PAA Verbal
Your Score							
Min. Score	700	--	600	29	25	750	640

EMPLOYMENT RECORD _____

EXTRA CURRICULAR ACTIVITIES _____

Selected finalists may be required to attend a personal interview, date, time and location to be determined. Would you be willing to attend such an interview?
() YES () NO

ESSAY: WHY ARE YOU INTERESTED IN ENGINEERING, AND WHY ARE YOU DESERVING OF THIS SCHOLARSHIP

Using the back of this application or an attached separate sheet of paper, briefly explain why you think you should be considered for the Harrisburg Auxiliary Engineering Scholarship.

Applicant signature _____ Date _____

APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting nonfactual information will automatically disqualify me from consideration for a scholarship.

By submitting this application, I authorize my high school principal or counselor to make available to the Auxiliary to the Harrisburg Chapter of PSPE information concerning my academic records.

Applicant Signature _____ Date _____

COUNSELOR'S OR PRINCIPAL'S CERTIFICATION

I hereby certify that the academic information as submitted on this application is correct, that to the best of my knowledge applications have been submitted by the candidate to the schools listed, and that the applicant meets all eligibility requirements as outlined herein.

Signature _____ Date _____

Printed Name _____

Telephone Number (_____) _____