## 2019-2020 ANS General Application

Deadline: February 01 2019 at 11:59 PM CST (Midnight)

| asic Information  |  |
|---|--|
| Contact Information   |  |
| For which ANS General Scholarship are you applying? *   |  |
| <ul> <li>Freshman Undergraduate (incoming Freshman)</li> <li>Graduate</li> <li>Sophomore Undergraduate (incoming Sophomores)</li> <li>Undergraduate (incoming Juniors &amp; Seniors)</li> </ul> |  |
| First name *  |  |
|   |  |
| Middle initial  |  |
|   |  |
| Last name *   |  |
|   |  |
| L<br>Present street address *   |  |
|   |  |
| City *  |  |
|   |  |
| State *   |  |
|   |  |
| Zip code *  |  |
|   |  |
| Home phone *  |  |
|   |  |
| Email *   |  |
| Business/cell phone *   |  |
|   |  |

| Are you a U.S. citizen? *                      |  |
|--|--|
| C No   |  |
| O Yes  |  |
| Permanent visa expiration date                 |  |
| ·  |  |
|  |  |
| Clear  |  |
|  |  |
| Birthdate *                                    |  |
|  |  |
| Clear  |  |
|  |  |
| College/university enrolled in/applied to *    |  |
|  |  |
|  |  |
| Department of school *                         |  |
|  |  |
|  |  |
| Street address *                               |  |
|  |  |
|  |  |
| City *   |  |
|  |  |
|  |  |
| State *  |  |
|  |  |
|  |  |
| Zip code *                                     |  |
|  |  |
|  |  |
| Your status in the upcoming academic year *    |  |
| C Community college student                    |  |
| © Freshman                                     |  |
| C Junior                                       |  |
| O MS candidate                                 |  |
| <ul><li>PhD candidate</li><li>Senior</li></ul> |  |
| <ul> <li>Senior</li> <li>Sophomore</li> </ul>  |  |
| C Trade school student                         |  |
| Are you an ANS national student member? *      |  |
|  |  |
| O No<br>O Yes                                  |  |
| $\sim$   |  |

| If yes, please provide your member ID#.  |
|--|
|  |
| (Max range: 9999999999)  |
| Department Chair for the upcoming year *   |
|  |
|  |
| Address * Scholarship checks will only be mailed to the Department Chair. Please consult your faculty advisor to find out who this is.                                       |
|  |
| City *   |
|  |
|  |
| State *  |
|  |
| Zip code *   |
|  |
|  |
| Please list all forms of financial assistance you are currently receiving (type of assistance, amount and dates of assistance). *  |
|  |
|  |
|  |
|  |
| Please list all forms of financial assistance for which you have applied (type of assistance, If this doesn't apply to you, please indicate with 'N/A'.                      |
| amount and dates of assistance). *   |
|  |
|  |
|  |
|  |
| Do you have any military or other obligation that requires a work commitment immediately. If this does not apply to you, please indicate with 'N/A'. following graduation? * |
|  |
| O No<br>O Yes  |
| If yes, please explain.  |
|  |
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#### ANS General Scholarship Sponsorship Form

Sponsorship for scholarship must come from your academic advisor or the faculty advisor of an ANS Student Section or Alpha Nu Sigma Chapter. This is to establish that the applicant is indeed a student and deserving of funds provided by ANS for the scholarship. Your sponsor should be someone who knows you and is familiar with your involvement in ANS. Please advise your contact of this incoming email to ensure a timely response.

Sponsoring Organization Contact's First Name \*

Sponsoring Organization Contact's Last Name \*

Sponsoring Organization Contact's Email Address \*

Sponsoring Organization Contact's Title \*

Sponsoring Organization \*

### **Education and Training**

#### **Education and Training**

For attendance at a College, University or Technical Institute, give the information requested for each undergraduate and graduate degree. If you did not receive a degree, but have some college, please give dates of attendance and total hours completed. All official transcripts must be included in your application package.

School \*

Location \*

Start date \*

Clear

| End date *                 |  |
|----------------------------|--|
|                            |  |
|                            |  |
| Clear                      |  |
| Major *                    |  |
|                            |  |
|                            |  |
| Unweighted GPA *           |  |
|                            |  |
|                            |  |
| Degree Received *          |  |
|                            |  |
| C Bachelors                |  |
| C Certificate              |  |
| C Masters                  |  |
| O None                     |  |
| C PhD/Doctorate            |  |
| Title of Degree Received * |  |
|                            |  |
|                            |  |
| Do you have more? *        |  |
|                            |  |
| O No                       |  |
| C Yes                      |  |
|                            |  |
|                            |  |
|                            |  |

#### **Current School Transcript**

Please send this transcript request to your school's registrar's office. For current college students: You are responsible for contacting your registrar's office to ensure your transcript has been properly requested using your institution's transcript request procedure. You must also verify that this request has been fulfilled and sent. If the transcripts are not received by the deadline, you will not be considered for any awards. Your registrar's office can email the transcripts directly to scholarships@ans.org or uploaded them using this request. Both official and unofficial transcripts are accepted, however the transcript must be received from the proper institution. Applicant submissions or sending this request to yourself for submission is NOT permitted. If it is found that the transcript was not received using the proper procedures, you will be disqualified for any scholarships.

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

If you don't have a name, enter "Registrar's"

If you don't have a name, enter "Office"

|                        | <br> |  |
|------------------------|------|--|
| Contact's Organization |      |  |
|                        |      |  |

#### **Education and Training**

For attendance at a College, University or Technical Institute, give the information requested for each undergraduate and graduate degree. If you did not receive a degree, but have some college, please give dates of attendance and total hours completed. All official transcripts must be included in your application package.

School

Location

Start date



End date

Clear

Major

Unweighted GPA

Degree Received \*

- C Bachelors
- C Certificate
- C Masters
- C None
- C PhD/Doctorate

| Title of Degree Received * |  |
|----------------------------|--|
|                            |  |
| Do you have more? *        |  |
| C No                       |  |
| O No<br>O Yes              |  |

## **Education and Training**

#### Additional Education/Training

List other schools (secondary, vocational), specialized military services, and apprenticeship programs.

School

City

State

Country

Start date

Clear

End date

\_\_\_\_\_

Clear

Field of study

Secondary school GPA

. .

| Academic Honors and Activitie |
|-------------------------------|
|-------------------------------|

List any academic honors received.

List any academic or professional activities and offices held. Include your contributions within the ANS either locally or at the national level.

| nployment  |   |                  |
|--|---|------------------|
| Employment   |   |                  |
| ccount for all employment including l<br>verage numbers of hours per week fo | JS military service. Start with your most recent position and work bac<br>r any position less than full-time. | ckward. Indicate |
| Position *   |   |                  |
|  |   |                  |
| rom *  |   |                  |
|  |   |                  |
| lear   |   |                  |
| o *  |   |                  |
|  |   |                  |
| lear   |   |                  |
| verage hours per week *  |   |                  |
|  |   |                  |
|  |   |                  |

| ame of employer *   | _ |
|---|---|
|   |   |
| treet address *   |   |
|   |   |
| ity *   |   |
|   |   |
| tate *  | 5 |
|   |   |
| p code *  |   |
|   |   |
| upervisor's name *  | _ |
|   |   |
| upervisor's phone number *  |   |
|   |   |
| ay we contact your supervisor regarding your qualifications? *      |   |
| O No<br>O Yes   |   |
| our principal duties, accomplishments, and special equipment used * |   |
|   |   |
|   |   |
|   |   |
|   |   |
| o you have another job you would like to enter? *                   |   |
| O No<br>O Yes   |   |
|   |   |
|   |   |
| mployment   |   |
| osition *   | ו |
|   | J |

| From *   |
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|  |
| Clear  |
|  |
| To *   |
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| Clear  |
| Gear   |
| Average hours per week *   |
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|  |
| Name of employer *   |
|  |
|  |
| Street address *   |
|  |
|  |
| City *   |
| City   |
|  |
|  |
| State *  |
|  |
|  |
| Zip code *   |
|  |
|  |
| Supervisor's name *  |
|  |
|  |
| Supervisor's phone number *  |
|  |
| May we contact your supervisor regarding your qualifications? *      |
|  |
| C No   |
| C Yes  |
| Your principal duties, accomplishments, and special equipment used * |
|  |
|  |
|  |
|  |
|  |

Do you have another job to enter? \*

🖸 No

C Yes

| Employment                  |
|-----------------------------|
| Position *                  |
|                             |
|                             |
| From *                      |
|                             |
| Clear                       |
|                             |
| To *                        |
|                             |
| Clear                       |
| Average hours per week *    |
|                             |
|                             |
| Name of employer *          |
|                             |
|                             |
| Street address *            |
|                             |
| City *                      |
|                             |
|                             |
| State *                     |
|                             |
| Zip code *                  |
|                             |
|                             |
| Supervisor's name *         |
|                             |
| Supervisor's phone number * |
|                             |
|                             |
|                             |

May we contact your supervisor regarding your qualifications? \*

- C No
- C Yes

Your principal duties, accomplishments, and special equipment used \*

| Reference #1  |           |
|---|-----------|
| List two people, preferably supervisors and/or faculty members in your field of study, who are familiar with your qualifications. These people<br>requested to provide a reference for you. | e will be |
| Contact's First Name *  |           |
|   |           |
| Contact's Last Name *   |           |
|   |           |
| Contact's Email *   |           |
|   |           |
| Contact's Phone Number  |           |
| Contact's Title   |           |
|   |           |
| Contact's Organization  |           |
|   |           |

#### Reference #2

Please list a person who is qualified (preferably a supervisor and/or faculty member)

| Contact's First Name * |  |  |
|------------------------|--|--|
| Contact's Last Name *  |  |  |
|                        |  |  |
| Contact's Email *      |  |  |
| Contact's Phone Number |  |  |
|                        |  |  |
| Contact's Organization |  |  |
|                        |  |  |

# Personal Statement

Describe in 500 words or less what made you choose a career in nuclear science/engineering/technology.

Address the following questions in your statement:

In what aspect of nuclear science/engineering/technology do you plan to concentrate, and why? How far do you expect to go with your formal education, and why?

Max Number of Words: 500