

# 2019-2020 ANS NEED Scholarship General App

Deadline: April 01 2019 at 11:59 PM CDT (Midnight)

## Basic Information

### Contact Information

First name \*

Middle initial

Last name \*

Present street address \*

City \*

State \*

Zip code \*

Home phone \*

Email \*

Business/cell phone \*

Are you a U.S. citizen? \*

- No  
 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 \*

- Community College
- Junior
- MS candidate
- PhD candidate
- Senior
- Sophomore
- Trade School

Are you an ANS national student member? \*

- No
- Yes

If yes, please provide your member ID#.

(Max range: 9999999)

Department chair for the upcoming year \*

Address \*

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, amount and dates of assistance). \* If this doesn't apply to you, please indicate with 'N/A'.

Do you have any military or other obligation that requires a work commitment immediately following graduation? \* If this does not apply to you, please indicate with 'N/A'.

- No  
 Yes

Please explain.

### Sponsorship Information

Are you applying for the ANS NEED Community College/Trade School Scholarship? \*

- No  
 Yes

### **ANS NEED Landis and Delayed Education for Women 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 \*

### **ANS NEED Community College/Trade School 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 Phone Number

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 \*

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

Title of Degree Received \*

Do you have more? \*

- No  
 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](mailto: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

Contact's Title

Contact's Organization

### Education and Training

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School

Location

Start date

Clear

End date

Clear

Major

Unweighted GPA

Degree Received \*

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

Title of Degree Received \*

Do you have more? \*

- No
- 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 Activities

List any academic honors received.

List any academic or professional activities and offices held. Include your contributions and activities within ANS.

# Employment

## Employment

Account for all employment including US military service. Start with your most recent position and work backward. Indicate average numbers of hours per week for any position less than full-time.

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? \*

- No  
 Yes

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

Do you have another job you would like to enter? \*

- No  
 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? \*

- No  
 Yes

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

Do you have another job to enter? \*

- No  
 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? \*

No

Yes

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

## References

### Reference #1

List two people, preferably supervisors and/or faculty members, who are familiar with your qualifications. These people will be requested to provide a reference for you.

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

## Reference #2

Please use someone who is qualified (preferably supervisors and/or faculty members)

Contact's First Name \*

Contact's Last Name \*

Contact's Email \*

Contact's Phone Number

Contact's Title

Contact's Organization

## Personal Statement

In 500 words or less, please give us a personal statement of your future plans. \*

Max Number of Words: 500