



SOCIETY OF INDO AMERICAN ENGINEERS AND ARCHITECTS

A Not-For-Profit Organization

MAIN POST OFFICE, P.O. BOX 1766, LONG ISLAND CITY, NY 11101 Tel: 718.392.5100

SCHOLARSHIP APPLICATION FORM

FOR SIAEA USE ONLY

APPLICANT'S INFORMATION

Last, First Name: _____ Date of Birth: _____ Male Female

Permanent Address: _____

Telephone: _____ E-mail: _____

Are you a member of SIAEA: _____ i) *If Yes, since when & your membership #:* _____

ii) *If not, please apply online for Associate Membership as soon as possible, as you must be a member in order to receive this scholarship.*
(A \$20 application fee will be required.)

ACADEMIC INFORMATION

Name of the College / University you are attending: _____

Degree you are enrolled in: _____

Current year of enrollment (*circle one*): **1 2 3 4** Expected year of graduation: _____

Have you applied for this scholarship in past? _____ If yes, were you awarded this scholarship? _____

I certify that the information provided above is complete and accurate to the best of my knowledge.

I understand that falsifying any information may result in the revocation of my application and scholarship granted to me by SIAEA.

Applicant's Signature: _____ Date: _____

Briefly, tell us about yourself, how this scholarship will help you and how your participation can help advance the Society's goals and activities.