



# SCHOLARSHIP APPLICATION FORM

FOR SIAEA USE ONLY

SOCIETY OF INDO AMERICAN ENGINEERS AND ARCHITECTS  
A Not-For-Profit Organization

SIAEA, Suite 309, 350 Broadway, NY 10013

## APPLICANT'S INFORMATION

Last, First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of SIAEA? \_\_\_\_\_ Referred by: \_\_\_\_\_

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.