Awarded by American Society for Quality, Indianapolis Section 0903

Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Name |  | | Student ID Number |  | |
| Street Address |  | | Telephone (Home) |  | |
| City / State / Zip | /       / | | Telephone (Home) |  | |
| Email Address |  | | Telephone (Cell) |  | |
| Indiana Resident | YES  NO | US Citizen  YES  NO | | |  |

College University Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College/University |  | Expected Graduation Mo/Yr | |  |
| Mailing Address |  | Bursar Telephone Number | |  |
| City / State / Zip | /       / | Website Address |  | |

Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Major/Program |  | Accumulated GPA | | out of | |
| Desired Occupation |  | Goals | |  | |
| FT / PT Student | Full-Time  Part-Time | | Yr in School | |  |

Employment History

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer |  | | | | Employer Telephone Number | | |  | | |
| Number of Yrs Employed | |  | |  | | Full Time / Part Time | | | FT  PT | |
| Job Description |  | | | | | | | | | |
| Does employer offer financial assistance? | | | YES  NO | | | | If YES, what percent? | | |  |

Financial Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| *List the sources / amounts of financial assistance you will receive during this academic year:* | | | |
| Annual Cost (per Yr) |  | Scholarships |  |
| Grants |  | Parents |  |
| Loans |  | Yourself |  |

Additional Academic History

|  |  |  |  |
| --- | --- | --- | --- |
| High School Last Attended |  | Date Graduated |  |
| Class Standing |  | Class Size |  |
| GPA | out of |  |  |

|  |
| --- |
| **What is your personal definition of quality? (What is Quality?)** |
|  |

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| --- |
| **How do you plan to integrate the science of quality into your career plans?** |
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| **Include any additional information that you would like the selection committee to consider:** |
|  |

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| **Why should you be considered for this award?** |
|  |

Personal Certification

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that the above information is accurate. I give permission for representatives of the Indianapolis Section (0903) of the American Society for Quality Scholarship Committee to contact the financial aid office at the school I have chosen to request information about my attendance and conditions for financial aid. | | | |
| Printed Name |  | Date: |  |
| Electronic Signature | Your typed name is your electronic signature agreement to the Personal Certification statement above. | | |

Submission

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| --- |
| Email the completed application package to:  [scholarship@indyasq.org](mailto:scholarship@indyasq.org)  ASQ Section 0903 Scholarship Committee |
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