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

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| 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.orgASQ Section 0903 Scholarship Committee |
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