KU School of Engineering
Martha Simon David Scholarship Application
$500 to $2,000 scholarship for the academic year for international undergraduate students only.

Please return this completed form to the Dean’s Office by March 13, 2015.
Late applications will not be accepted!

Students should fill out the International Student Need Analysis Worksheet (ISNAW) to ensure they are considered for all funds for which they are eligible.

Requirements:
* Be an international student or a permanent resident
* Not already receiving a renewable scholarship from the School of Engineering
* Have completed one (1) semester in the School of Engineering
* Cumulative & semester GPA of 3.4 or higher
* Make progress toward an engineering degree & follow the departmental curriculum guidelines
* Full-time engineering student (15 hours per semester)

Please Print Legibly.

NAME: ___________________ ___________________ KU ID: __________
Last name First name

Level (for upcoming year): _____ Freshman _____ Sophomore _____ Junior _____ Senior

Approximate KU graduation date: ___/____ (month/year) E-mail address: _____________________

Address: ____________________________________________

___________________________________________ Phone (_____) ______-__________

Origin Citizenship (Circle one)
Country of Origin/Citizenship: ___________________/_______________ Permanent resident: Yes No

Indicate Major with an “X”

AERO ARCE CHEM CIVIL CS COMP ELEC EP IC MECH PETR

Did you receive an Engineering Dean’s Office Scholarship for the current academic year? __________

How many semesters have you completed as a student in the KU School of Engineering? __________

Indicate the following:

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<thead>
<tr>
<th>Completed</th>
<th>Completed</th>
<th>Do you belong to</th>
<th>Name of organization</th>
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<tbody>
<tr>
<td>English 101</td>
<td>English 102</td>
<td>an engineering organization?</td>
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<tr>
<td>Y</td>
<td>N</td>
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</tbody>
</table>

Please complete both pages of the application.

Page 1 of 2
Is there something about you or your situation you would like the Scholarship Committee to consider? In the space below, please provide the information you want the committee to consider as it makes a decision regarding your application.

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Scholastic record:
(KU work only)
Cumulative KU GPA: _________  Total # of KU credit hours: ________
Fall semester GPA (last): _______  # of credit hours in fall semester (last): ________

_____________________________  _____/_____/__________
Signature of applicant  month/ day / year

Please return this completed form to the Dean’s Office, Eaton Hall Room 1, by March 13, 2015.