Association of State Dam Safety Officials

UNDERGRADUATE
SCHOLARSHIP
APPLICATION

SUBMIT APPLICATION AND ATTACHMENTS POSTMARKED BY
MARCH 28, 2008

TO:
Association of State Dam Safety Officials
450 Old Vine St., 2nd Floor
Lexington, KY 40507
(859) 257-5140
Fax: (859) 323-1958
info@damsafety.org
ASSOCIATION OF STATE DAM SAFETY OFFICIALS
SCHOLARSHIP APPLICATION

A. APPLICATION INFORMATION:

Expected Graduation Date

Name (Mr. or Ms.) Permanent Mailing Address

City State Zip

Temporary Mailing Address

City State Zip

( ) Permanent Phone Number ( ) Cell Phone Number

Email address where we can contact you in June '08

Student Member of ASDSO? Yes No

Date of Birth Social Security Number

Are you a U.S. Citizen? Yes No

B. ACADEMIC ADVISOR:

Name Title (if applicable)

Address Phone

City State Zip

C. EDUCATIONAL INFORMATION:

College or University Dates

Major Field of Study Previous Degree(s) Received

Grade Point Average (for all college courses) Class Rank

Have you previously been awarded a scholarship, fellowship or grant? Yes No

If yes, where? Amount?

D. ATTACH THE FOLLOWING TO THIS APPLICATION:

1. Transcripts of all university education (up through Fall 2007 semester)
2. Three letters of recommendation, one of which must be from the academic advisor (Copy the attached Reference Form as needed.)
3. Essay including proposed curriculum of study
G. ACTIVITIES:

Work Experience. List the jobs (including part-time and summer jobs) you have held since entering college.
1. Employer___________________________________
   Duties ______________________________________

2. Employer___________________________________
   Duties ______________________________________

3. Employer___________________________________
   Duties ______________________________________

4. Employer___________________________________
   Duties ______________________________________

Activities. List your on-campus and off-campus extracurricular activities (other than jobs), in the order of interest to you, in which you have been involved since entering college. (Please continue on a separate sheet if required).
1. Activity _____________________________
   Your Most Significant Contribution

2. Activity _____________________________
   Your Most Significant Contribution

3. Activity _____________________________
   Your Most Significant Contribution

4. Activity _____________________________
   Your Most Significant Contribution
ASSOCIATION OF STATE DAM SAFETY OFFICIALS
SCHOLARSHIP REFERENCE FORM

Name of Applicant: ____________________________________________

Instructions to the writer: Please state below your opinion of the applicant's abilities as a student or employee and potential for future leadership in the field of dam engineering and safety. Any additional comments you might wish to make are welcome.

When you have completed the form, please place it in an envelope, seal the envelope, sign your name across the sealed flap to ensure confidentiality, and give the envelope to the applicant so the applicant can return a complete application.

Date applicant can be expected to complete degree requirements: ________________________________

Institution __________________________________________ Signature ____________________________

(____)________________ Telephone Number Name (printed or typed) _______________________

Date ______________________________________ Position or Title ___________________________

Email ______________________________________

Address ______________________________________