



Western Section, I.A.E.I. International Association of Electrical Inspectors www.swohioiaei.org

Application for Scholarship

PRINT IN INK OR TYPE – Incomplete Applications Will Be Rejected

Personal Information:

Name				h		
First	Middle Initial	Last		Month	Day	Year
Address						
Number	Street		City	State	Zip	p Code
Telephone		Social Sec.#				

<u>SW Ohio Chapter IAEI Sponsor</u>: Provide the name and membership number of the SW Ohio Chapter IAEI member who is sponsoring you and your relationship to him or her:

Signature

All of the following information is complete and accurate to the best of my knowledge.

Signature of Applicant	Date
Signature of Parent or Guardian	Date

(Signature of Parent or Guardian needed only if you answer "Yes" to Item #1 on next page)

- 1.) <u>Residency Status</u>: Do you live with your parent(s) or a guardian as a dependant? Yes_____ No_____
- 2.) <u>Dependants</u>: Do <u>you</u> have any dependants? Yes_____ No _____ Number of dependants ______
- 3.) <u>Employment</u>: Are you gainfully employed? Yes____ No ____ Full-time or part-time? _____

Your total income last year from all sources \$ _____

4.) <u>Family History:</u> (*Complete this section <u>only</u> if you are currently living with one or both parents or guardian and/or are considered to be a "dependent"*.)

	Father					
		Occup				
	Mother	Emplo	oyer			
		Occup				
	Guardian	Emplo	•			
	Guardian	Occup	ation			
		Emplo				
	Your parent's	or guar	dian's total incor	me last year from all sources \$		
	How many pe	rsons a	re dependent on t	his income?		
5.)	High School:					
	Name			Graduation		
				Grade Point A	Month	Year
	City		State			
	Rank in Class	i		Size of Class	š	
6.)	College Inform	mation ((Complete "A" or	r " B" only):		
	Check and co	omplete	• "A" if you are 1	not yet attending college:		
	□ "A"					
	Have you app	lied for	college?	Have you been accepted?	Pendin	g?
	Name of Coll	ege				
	Address					
	Num	ber	Street	City	State	Zip Code

Two Year	Four Year	Do you plan to atten	nd: Full time	or Part	time	
Will you live on	Campus Co	mmute What i	s your intended m	najor:		
What is the total	annual cost?	Do you plan t	o work while at c	ollege? Yes	No	
Check and com	plete "B" if you ar	re already attending	college:			
□ " B "						
Name of College						
Address						
Number	Street		City	State	Zip Code	
Two Year	Four Year	_ Attending:	Full time	or	_Part time	
Do you live on c	Do you live on campus or commute What is your major?:					
What is the total annual cost? Are you employed? Yes No					No	
Where are you employed? Do you work during the s				ol year? Ye	s No	
Current GPA						
7.) Work Experience	<u>e:</u>					
List your work e	xperience for the la	st four (4) years:				
Occupation	Employer	From/To	Earnin	gs	Part/Full Time	

8.) <u>Scholarships:</u>

List all scholarships, grants or loans you are seeking or have been awarded:

Name/Type	<u>Amount</u>	Granted	Pending

9.) List your extra curricular activities and offices:

(**High School** - Indicate year 9, 10, 11 and/or 12)

(College - Indicate year 1, 2, 3 and/or 4)

10.) <u>Honors:</u>

List all special honors and awards received. (High School or College - indicate year received)

11.) <u>Interests/Hobbies:</u>

List areas of special interest and hobbies (include community and volunteer work):

Important message to applicant: On a separate paper(s), print or type an essay (approximately 200-250 words) that addresses the following questions (do not include your name or the names of any persons in your response): What are your plans and hopes for the near future? Why do you want to continue your education? What are your long-range goals?

Attach your essay (use a staple please) to this application form. All applications must be postmarked no later than May 8th, 2024. Mail the completed application form to:

IAEI, SW Ohio Chapter Attention: Gaylord Poe P. O. Box 205 Maineville, OH 45039

Thank You, Gaylord Poe Past President SW Division IAEI, Ohio Chapter