

Parents: (Please include titles such as Dr., Sgt., etc. Indicate if deceased)

Father's Name _____

Father's Occupation and Employer _____

Mother's Name _____

Mother's Occupation and Employer _____

Name of Guardian, if different from parent _____

Number of Brothers and/or Sisters _____

Name and Address of Local Newspaper _____

(Street)

(City)

(State)

(Zip Code)

Academic Information:

Name of High School _____

High School Address _____

(Street)

(City)

(State)

(Zip Code)

Phone Number () _____ - _____ Fax Number () _____ - _____

Principal's Name _____

Counselor's Name _____

Counselor's E-Mail address _____

Previous Colleges Attended _____

(If applicable)

Previous College Address _____

(Street)

(City)

(State)

(Zip Code)

Phone Number () _____ - _____ Fax Number () _____ - _____

Work Experience:

<u>Employer</u>	<u>Position Held</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors and Activities:

Please attach a resume or list of all activities, honors, and leadership positions in high school, church, community, etc.

Short Answer (Please attach a separate sheet.)

1. Please explain your interest in polymer and fiber engineering.
2. How did you hear about our scholarship?
Why do you feel that you should be selected for a scholarship?
3. What are your possible career interests?
4. To what personality traits do you attribute your successes in life?
5. Please describe your need for financial aid, if you wish to be considered for need-based scholarships.

Information Release:

I authorize the release of all information provided on this application, ACT and SAT scores, and high school and/or college grade point averages to the departmental, engineering, and Auburn University scholarship committees. I authorize AU Donor Relations to release my name, permanent address, classification, major and amount awarded to the scholarship donor or the donor's designee.

(Signature)

(Date)

Financial Report for Need-Based Scholarships:

If you wish to be considered for scholarships that consider financial need, please complete the federal FAFSA form www.fafsa.ed.gov/ and complete the income information below.

<u>Occupation</u>	<u>Total Annual Income</u>
Father _____	_____
Mother _____	_____
Applicant _____	_____
Applicant's Spouse _____	_____

Please state the amount of financial assistance you expect to receive from parents or other family members while in school _____

Are extraordinary family expenses present? (Illness, dependents, other family members attending college, etc.)

Scholarship or financial aid applications other than FAFSA:

Source _____	Amount Awarded _____
Source _____	Amount Awarded _____
Source _____	Amount Awarded _____

Certification: Applicant and parent/guardian please sign.

I hereby certify the information provided is accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ALL ENCLOSED INFORMATION IS CONSIDERED STRICTLY CONFIDENTIAL