

# ACEC/Massachusetts Education Corporation 2018 Scholarship Application

 $Complete \ all \ sections \ of \ this \ application \ and \ email \ as \ a \ PDF \ to \ the \ Member \ Organization \ address \ below \ by:$ 

## **February 2, 2018**

ACEC/Massachusetts Education Corporation, (ACEC/MA EC), The Engineering Center, One Walnut St, Boston, MA 02108-3616

<a href="mailto:acecma@engineers.org">acecma@engineers.org</a>
617-227-5551

Applicant's Name:		
I am applying for the following ACEC/MA scholarship (select only one):		
☐ General Scholarship – one available		
☐ Specialty Scholarship – one CASE scholarship available		
Note: To qualify for the CASE scholarship, you must be enrolled in a Master's degree program in Structural Engineering in the fall of 2018. Students who qualify for the CASE scholarship will also be eligible for the General scholarships.		
In the fall of 2018, I will enter (indicate one):		
☐ Junior year ☐ Senior year ☐ Fifth-year ☐ Master's		
College/University:		
Degree/Discipline expected (with date):		
Include certified grade transcript(s), <i>including 2017 Fall Semester</i> , and clearly identify your cumulative grade point average(s) on <i>a four-point scale</i> :		
My Bachelor's (Undergraduate) GPA is:		
My Master's GPA is:		



GENERAL INFORMAT	ION		
Name:			
College Address:			
	ne: ()	School: ()	
Email Address:			
PERSONAL INFORMA	TION		
Age:	Date of Birth:	Citizenship:	
Parent/Guardian:	Name:		
	Address:		
CURRENT COLLEGE/	UNIVERSITY		
Name:			
Address:			
Date Admitted:			
Degree/Discipline e	xpected (with date):		



### **EDUCATIONAL BACKGROUND**

List most recent additional educational institution first. Use additional sheets and attach if necessary.		
College/University & Address:		
Dates of Attendance:	Degree/Discipline Awarded:	
College/University & Address:		
Dates of Attendance:	Degree/Discipline Awarded:	
College/University & Address:		
Dates of Attendance:	Date of Graduation:	
Secondary School (High School) & City:		
Dates of Attendance:	Date of Graduation:	



#### **WORK EXPERIENCE**

Work experience is limited to the last three years prior to the date of your application. List most recent work experience first. Use additional sheets and attach if necessary.

Employer:		
Address:		
Dates:	Total Time (Months):	
Supervisor:		
Position:		
Duties:		
Year in School:	Type of Business:	
Employer:		
Dates:	Total Time (Months):	
Supervisor:		
Position:		
Year in School:	Type of Business:	



Employer:		
Dates:	Total Time (Months):	
Supervisor:		
Position:		
Duties:		
Year in School:		
Employer:		
Dates:	Total Time (Months):	
Supervisor:		
Position:		
Year in School:		



#### **COLLEGE ACTIVITIES**

ndicate any leadership positions held in the listed activities or organizations. Use additional sheets an attach if necessary.
Student Organizations:
Community Activities:
,
Organized Athletics and/or Musical Activities:



Other:	
ESSAY	
On a separate sheet of paper write a short essay (ap Describe how consulting engineers make their co socially.	oproximately 500 words) on the following topic:  community a better place to live both technically and
Your interest, understanding and commitment to the and should be reflected in the essay.	business and management of the profession are important
PERMISSION TO RELEASE OR VALIDATE INFORMATION	TION
By signing this application, I authorize ACEC and its information included on this application.	state Member Organizations to confirm and/or release any
Applicant's Signature:	Date:
I have reviewed this application and I recommend th	e student for consideration.

Date:

Dean or Professor's Signature:



# 2018 ACEC Scholarship Recommendation Form

Complete all sections of this application and email as a PDF to the Member Organization address below by:

February 2, 2018

American Council of Engineering Companies of Massachusetts Education Corp. (ACEC/MA EC)
The Engineering Center, One Walnut St, Boston, MA 02108-3616
<a href="mailto:acecma@engineers.org">acecma@engineers.org</a>

617-227-5551

Name of Student:			
Name of School:			
Degree/Discipline Expect	ed:		
Date Expected:			
Your Name:			
Title:			
Organization:			
You are (indicate one):	Engineering professor	Consulting engineer	Land Surveyor
Address:			
How long, how well, and i	n what capacity have you kn	own the applicant?:	



Please rate the student in each of the following categories (rating 1, 2, 3, 4, or 5; with 1 the lowest and 5 the highest). Rate each category as best you can, do not leave any category without a rating point.

	Rating	Use space below to explain your answers
Cooperation		
Leadership		
Initiative		
Industrious		
Dependability		
Courtesy		,
Maturity		
Self-control		
TOTAL POINTS		
Why will the student be a g	ood engineer? _	
Signature:		Date: