



THE EDUCATION FOUNDATION
OF
THE ENGINEERS CLUB OF HAMPTON ROADS, INC.
801 HARRIS POINT DRIVE, VIRGINIA BEACH, VIRGINIA 23455

APPLICATION FOR 2005-2006 SCHOLARSHIP

Applications must be received no later than June 17, 2005

(Information contained herein will be held confidential)

If you are an independent student (married, or emancipated from your parents) fill out the statement using your own financial information

Date of Application _____

STUDENT INFORMATION:

NAME _____ DATE OF BIRTH _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip Code

PERMANENT HOME ADDRESS _____
Street City State Zip Code

PHONE NO. _____ SOCIAL SECURITY NO. _____ MARITAL STATUS _____

FATHER'S NAME _____

ADDRESS (if different from applicant) _____

FATHER'S EMPLOYER _____ POSITION _____

EMPLOYER'S ADDRESS _____
Street City State Zip Code

MOTHER'S NAME _____

ADDRESS (if different from applicant) _____

MOTHER'S EMPLOYER _____ POSITION _____

EMPLOYER'S ADDRESS _____
Street City State Zip Code

NAME OF COLLEGE OR UNIVERSITY APPLICANT PLANS TO ATTEND OR IS ATTENDING.

CIRCLE YEAR: Rising Junior Junior Rising Senior Senior Graduate School

DEGREE SOUGHT _____ Expected Date of Graduation _____

ENGINEERS CLUB OF HAMPTON ROADS, INC.

APPLICATION FOR SCHOLARSHIP

STUDENT APPLICANT – List all Brothers and Sisters (is applicable):

Name	Age	School Attended	Year	Financial Aid Received
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INDEPENDENT APPLICANT – List all dependents (is applicable):

Name	Age	Relationship
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PARENT (OR INDEPENDENT APPLICANT) FINANCIAL INFORMATION

INCOME:

PRESENT YEAR

Gross Income	Parents.....	\$ _____
	Student.....	\$ _____
Non-Taxable Income		\$ _____
Social Security		\$ _____
Veteran's Benefits		\$ _____
Welfare Benefits		\$ _____
Other		\$ _____
TOTAL INCOME		\$ _____

LIST ALL EDUCATION LOANS, TUITION ASSISTANCE AND/OR SCHOLARSHIPS YOU HAVE BEEN RECEIVING.

For Year	Amount	Type of Scholarship or Loan	Payment Schedule
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Describe any special circumstances not covered by information provided which should be considered in evaluating this application. A separate sheet may be attached if needed.

CERTIFICATION

Applicant's Statement:

In case I am granted financial aid, I hereby certify that:

- a. I understand that this award is for tuition for the 2005-2006 Academic Year.
- b. I am or will be properly enrolled as a full-time undergraduate or a full or part-time graduate student during the regular academic year which begins in (month) _____ 2005-2006.
- c. I hereby acknowledge that the information submitted herewith is true and correct.

_____	DATE
Signature	

Statement of Parent or Guardian (if applicable):

I/We have read the foregoing application in full and hereby acknowledge that the information submitted is true and correct.

Signature DATE _____

Signature DATE _____

LIST OF COURSES SCHEDULED FOR 2005-2006 ACADEMIC YEAR:

FALL 2005	SPRING 2006	SUMMER 2006
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: OFFICIAL TRANSCRIPT OR REPORT OF GRADES MUST ACCOMPANY APPLICATION. YOU CAN HAVE THE COLLEGE SEND DIRECTLY TO ECHR.

REFERENCES: Please attach ONE to no more than THREE references attesting to your character and integrity

The disclosure of the information is VOLUNTARY, Failure to provide the requested data precludes the application from consideration.

PLEASE SUBMIT TO:

ECHR Education Foundation
801 Harris Point Drive
Virginia Beach, VA 23455