

2009 Arnold Les Larsen, FAIA, Memorial Scholarship Application Form

Please type or print all information. All questions must be answered.

I. *Personal Data*

Name: _____
Last First (M.I.)

Present Address: _____

Permanent Address: _____

Email: _____

Home Phone: _____ Social Security Number: _____

Are you a U.S. Citizen: ___ Yes ___ No Date of Birth: _____ Age _____

II. *Present Educational Program* (College or University)

Name of School: _____

Address: _____

Current overall G.P.A. _____ out of _____

III. *Educational Program for which Scholarship is Requested:*

Have you been accepted into the Master's program for which funds are requested? ___ Yes ___ No

Name of School: _____

Address: _____

Specific Degree Program you expect to receive: _____

Will you attend: _____ Part Time _____ Full Time

When do you expect to receive your degree: _____

IV. *Financial statement:*

Since preference will be given to students with financial need, the following information will be considered helpful in evaluation of the application. In the brief space provided, describe any specific applications or needs toward which the Scholarship would be directed.

V. AIAS Experience

Chapter name: _____ Length of Membership: _____

Activities: _____

VI. Work Experience

VII. Affiliations: Name: Year: Responsibilities:

Social _____

Professional _____

Volunteer Work _____

Educational _____

Other Interests _____

VIII. Career Objectives

On a separate sheet of paper, describe your goals in Architecture as a career, including your area of interest i.e. design, historic, landscape, etc. (Limit your response to 300-500 words.)

IX. Essay

On a separate sheet of paper, describe your favorite building and the reasons why. (Limit your response to between 300 and 500 words.)

X. Recommendations

Please list below two people whom you will request to complete the enclosed recommendation forms in support of your application. Letters are accepted from former or current teachers, school officials, employers, or other persons not related to you. Letters of recommendation must be less than one year old at time of application. Applicants are responsible for ensuring that letters of recommendation are enclosed with this application. Do not send under separate cover.

Name

Address

Name

Address

XI. Certification

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated. I also understand that the application will not be complete without the letters of recommendation enclosed. I understand that in order to be considered for review of applications, materials must be postmarked no later than the deadline date. It is also my understanding that no materials will be returned.

Signature

Date