

ILLINOIS ENGINEERING INITIATIVE

Illinois Engineering Initiative Scholarship

**For Junior and Senior*
College Students**

***Unless otherwise** defined by the applicant's college or university, the applicant shall have earned not less than 60 semester hours credit by the conclusion of the semester of the application.

DEADLINE FOR APPLICATION: April 1 annually

**Illinois Engineering Initiative
100 East Washington Street
Springfield, Illinois 62701
217.544.7424 Phone
217.528.6545 Fax
www.ilengineeringinitiative.org**

ENGINEERING SCHOLARSHIPS AVAILABLE TO ENROLLED COLLEGE STUDENTS

Illinois Engineering Initiative Scholarship

\$1000

Eligibility

Applicants shall:

- (1) Attend an Illinois university and be enrolled in an engineering program accredited by the Accreditation Board of Engineering and Technology (ABET).
(Note: Students enrolled in an engineering technology program are not eligible.)
- (2) Be of at least Junior standing.*
- (3) Have a B average or better in those courses which are accredited toward the engineering degree.
- (4) Show evidence of financial need.

Application Requirements

In addition to completing the attached application and needs analysis, the candidate must:

- (1) Submit official transcripts of all college and university work (sent under separate cover).
- (2) Submit two letters of reference:
 - (a) from the department chair or department faculty member.
 - (b) from past employer or other character reference.
- (3) Prepare a typewritten essay in 200 words or less highlighting career goals as a professional engineer.

Selection Criteria

Candidates will be evaluated based on scholarship, financial need, activities, interest in engineering and the applicant's essay.

***Unless otherwise** defined by the applicant's college or university, the applicant shall have earned not less than 60 semester hours credit by the application deadline date to be considered of junior standing for purposes of these awards.

Submit complete application with all supporting information required to:

Illinois Engineering Initiative
100 East Washington Street
Springfield, IL 62701

Or e-mail it in PDF Form to Info@Iengineeringinitiative.org

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE THAT COMPLETE INFORMATION IS SUBMITTED AS REQUIRED.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

DEADLINE: April 1 Annually

**THE ILLINOIS SOCIETY OF
PROFESSIONAL ENGINEERS FOUNDATION**

**Scholarship
Application**

Name _____

Permanent Home Address _____

Telephone _____

Email _____

Present Address if different from above _____

Telephone _____

Information about your family:

Father's Name _____

Address _____

Employer/Occupation _____

Mother's Name _____

Address (if different than above) _____

Employer/Occupation _____

Number of brothers and sisters _____ Ages _____

Name of individual who supports you* _____

*If you list someone other than "parents" or "self," complete the following:

Relationship to you _____

Address _____

Employer/Occupation _____

EDUCATION

SECONDARY SCHOOLS ATTENDED

Dates of Attendance

COLLEGES AND UNIVERSITIES ATTENDED

Dates of Attendance

What engineering discipline are you studying? _____

What is your anticipated graduation date? _____

SUPPORTING INFORMATION

WORK EXPERIENCE: Attach a copy of your work experience, including any co-op programs.

List employer, dates of employment, your duties.

ORGANIZATIONS, SOCIETIES, CLUBS AND ACTIVITIES:

Provide a list of your memberships and activities, including years active and offices held.

HONORS, PRIZES, OTHER RECOGNITION:

Provide a list of any special honors and scholarships you have won, either in or out of school, since you entered college.

Name _____

This section to be completed by Parent or Guardian, or applicant if self-supporting.

- Family’s gross annual income \$ _____ and net taxable income \$ _____ for year _____ as reported to the IRS.
- Number of other children who will be in college during the next four years and the estimated annual amount to be contributed by the family toward their education (excluding the applicant) _____
- Indicate as individual annual dollar amounts any unusual demands which will be made upon the family’s financial resources during the next two years (medical, dental, personal, etc.) _____

This section to be filled out by the Applicant:

Estimated Resources - Academic Year		Estimated Expenses - Academic Year	
Support from parents	\$ _____	Tuition and fees	\$ _____
From spouse’s parents	\$ _____	Room	\$ _____
Spouse’s income	\$ _____	Board	\$ _____
Net summer savings	\$ _____	Books, supplies	\$ _____
From savings	\$ _____	Transportation	\$ _____
Veteran’s benefits	\$ _____	Instruments and/or special equipment	\$ _____
Social Security	\$ _____	Other (itemize)	_____
Other Sources	\$ _____	_____	\$ _____
(Scholarships, Grants, Loans, etc.)	\$ _____	_____	\$ _____
Total Resources	\$ _____	Total Expenses	\$ _____

If funds are not available to you from other sources, will you borrow the necessary money to finance your education? Please explain. _____

Signature of Parent or Guardian _____ Date _____

Signature of Applicant _____ Date _____

According to the Family Educational Rights and Privacy Act, a transcript is a confidential document and cannot be released to a third party without the written consent of the student. So that we may distribute copies of your transcript along with your scholarship application to our Scholarship Committee, please sign the following permission statement.

I hereby grant permission to allow the ISPE Foundation to release information contained in this application, including copies of my transcript and the confidential needs analysis, to members of the ISPE Scholarship Committee.

Signature of Applicant _____ Date _____

Send completed applications (including transcript, essay, supporting information, and letters of reference) to:
ISPE Foundation – 100 East Washington Street – Springfield, IL 62701

DEADLINE: April 1 annually

Questions: Call 217.544.7424