ASPE Delaware Academic Assistance Program Application

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Name:_____ Home Phone: _____
Home Address:_____ Birth date:_____
_____ Marital Status:_____
High School:_____ Graduation Date:_____
Address:_____
College you plan to/currently attend:_____Graduation Date: _____
College Address:_____
Have you applied:__ Have you been accepted:__ Intended Degree:_____
Intended Field of Study:_____
Why you have chosen your particular field of study:_____
_____
_____
_____
_____
_____
Family or other information you may wish to bring to the Committee's attention:_____
_____
_____

In 200 words or less explain why ASPE Delaware, Inc. should be award you academic assistance (use a blank sheet of paper if more space is needed):

_____
_____
_____
_____
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_____

Attachments: Two Letters of Recommendation, Employment History, copies of High School/College Transcript, College Aid Application, College Freshman Entrance Letters.

I am the applicant described above and give permission to the American Society of Professional Estimators Delaware Chapter to verify any and or all of the information above. I understand that the decision to award academic assistance is at the sole discretion of ASPE Delaware and all decisions of ASPE Delaware, Inc. are final.

Signed _____ Date_____

Sponsor _____ Date_____

Application must be received by the ASPE Delaware, Inc. no later than April 30, 2001.