



# ANS Scholarship Check List Form

## Please read carefully.

The scholarship application, transcript, letter of recommendation **and three** confidential reference forms **must all be mailed together** as a complete packet to ANS Headquarters, to the attention of Scholarship Coordinator. The students, with the help of the Faculty Advisor and the Department Head, will be responsible for collecting all necessary forms needed to complete the scholarship application packets. Your **application should be in the mail at least 7 days prior to the February 1** deadline.

If all the above forms are not included in same packet when mailed to ANS Headquarters, it will be considered an incomplete application. An incomplete packet could delay the scholarship application process in meeting the required deadline of February 1. You will not be contacted for the missing information.

Please use the check off list below to make sure all necessary forms are in you application package.

## Graduate Scholarship

### Enclosed

- \_\_\_\_\_ Application
- \_\_\_\_\_ Official School Transcript(s) with seal

\_\_\_\_\_ Sponsorship letter from ANS organization

*Sponsorship for scholarship is made by an ANS organization, i.e., Local Section, Plant Branch, Student Section, etc. to establish that the applicant is indeed a student and deserving of the funds provided by ANS for the scholarship.*

\_\_\_\_\_ Reference #1

\_\_\_\_\_ Reference #2

\_\_\_\_\_ Reference #3

*Before the Reference Forms are handed to the respondents, the instructions for their disposition at the bottom should be completed by adding name and address of an appropriate local person - Faculty Advisor, Department Head, or student applicant, so that the completed Reference Forms may be included and forwarded to ANS with the application package.*

### **For application to NCS Pioneers Scholarship ONLY**

\_\_\_\_\_ Essay (form provided)

*Applicants for the NCS Pioneer Scholarship must submit a brief essay describing their long-term and short-term professional objectives with respect to their interest in nuclear criticality safety*

\_\_\_\_\_ Statement of Financial need (form provided)

*Applicants for the NCS Pioneer Scholarship must provide a statement of financial need, including special circumstances; average number of hours per week the applicant works for pay during the school year; dollar value of all scholarships received for the school year*

### **For application to Decommissioning, Decontamination & Reutilization Scholarship ONLY**

\_\_\_\_\_ Essay (form provided)

*Applicants for the DD&R Scholarship must submit a brief essay discussing the importance of some aspect of DD&R to the future of the nuclear field.*

**All of the above must be included to be considered a complete packet.**



# 2012-2013 School Year ANS Scholarship Award Individual Application

Please complete as an interactive PDF or use a typewriter or print in black ink pen only

## Graduate Scholarship (Check all that apply)

see <http://www.new.ans.org/honors/scholarships/> for individual scholarship criteria

<input type="checkbox"/> Graduate	<input type="checkbox"/> Blizard	<input type="checkbox"/> NCS Pioneers Scholarship (essay)
<input type="checkbox"/> Dapp (odd years)	<input type="checkbox"/> Dannels	<input type="checkbox"/> Randall
<input type="checkbox"/> Meyer (even years)	<input type="checkbox"/> DD&R (essay required)	<input type="checkbox"/> Schumar
	<input type="checkbox"/> Henry/Greebler	<input type="checkbox"/> Pittsburgh Local Section
	<input type="checkbox"/> Levine	<input type="checkbox"/> Vogt Radiochemistry

Name (Last, First, Middle) \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Business/Cell Phone ( ) \_\_\_\_\_ Citizenship \_\_\_\_\_ Birthdate \_\_\_\_\_

College or University \_\_\_\_\_

Department of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Your Status in the Coming Academic Year</b>	<input type="checkbox"/> M.S. Candidate	<input type="checkbox"/> Ph.D. Candidate
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Permanent Resident Visa expiration date \_\_\_\_\_

National ANS Student Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
If National ANS Student Member please provide member id# _____	
(Scholarships normally are awarded only to student section members if campus has a charter)	
What ANS Organization is sponsoring your application? _____ (See Sponsorship/Nomination Information sheet)	
Who is your contact in that organization? Please have that person write a letter of recommendation to the Scholarship Program.	
ANS Sponsorship Contact Person	Department Chair for upcoming year
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
For what other scholarships are you applying or have you been awarded for the next school year?	

**Education and Training**

For attendant at a College, University, or Technical Institute, give the information requested for each undergraduate and graduate degree. If you did not receive a degree, but have some college training, please give dates in attendance and total hours completed. ALL OFFICIAL TRANSCRIPTS OF YOUR COLLEGE RECORD MUST BE INCLUDED OR SENT BY THE APPLICATION DEADLINE

School \_\_\_\_\_  
 Location \_\_\_\_\_  
 Dates in Attendance \_\_\_\_\_  
 Major \_\_\_\_\_  
 GPA \_\_\_\_\_ Out of a possible \_\_\_\_\_  
 Degree \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_  
 Location \_\_\_\_\_  
 Dates in Attendance \_\_\_\_\_  
 Major \_\_\_\_\_  
 GPA \_\_\_\_\_ Out of a possible \_\_\_\_\_  
 Degree \_\_\_\_\_ Date \_\_\_\_\_

SAT or ACT Scores \_\_\_\_\_

GRE Scores: \_\_\_\_\_ Verbal \_\_\_\_\_ (Quantitative) \_\_\_\_\_ (Advanced [Field])

**Education and Training**

List other schools (Secondary, Vocational), Specialized Military Service, and Apprenticeship Programs

School	City, State, Country	Attendance		Field of Study
		From	To	

**Academic Honors and Activities**

List any academic or professional activities and offices held:

List any academic honors received

**EMPLOYMENT HISTORY**

Account for all employment, including U.S. Military Service. Start with your most recent position and work backward. Indicate average number of hours per week for any position less than full time. Attach supplemental sheets, if necessary.

**PRESENT OR LAST POSITION**

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your principal duties, accomplishments, and special equipment used

**Previous Positions**

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your principal duties, accomplishments, and special equipment used

**Previous Positions**

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your principal duties, accomplishments, and special equipment used

**Previous Positions**

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your principal duties, accomplishments, and special equipment used:



# Sponsorship / Nomination Information

Sponsorship/nomination for scholarship is made by an ANS organization (i.e., an ANS Local Section, Plant Branch, Student Section, or ANS member, etc.) to establish that the applicant is indeed a student and deserving of funds provided by ANS for the scholarship.

A letter of sponsorship should be submitted on the letterhead of the sponsoring organization.

You can find a list of ANS organizations with contact information at <http://www.ans.org/const/>



# CONFIDENTIAL REFERENCE FORM

**Applicant** \_\_\_\_\_

(Last)

(First)

(Middle)

How long and in what association have you known the applicant? \_\_\_\_\_

In a group of 100 other Engineering and Science students of comparable age and experience, how would you rate the applicant with respect to the following personal characteristics:

	Below Average	Average	Above Average	Unusual	Out-standing
	Lowest 40	Middle 25	Next 20	Highest	15
Motivation toward a successful productive career					
Fertility of imagination; originality of thought					
Emotional stability and maturity					
Ability to work with others					
Self-reliance and independence					

**Inadequate opportunity to observe**

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In a group of 100 other Engineering and Science students of comparable age and experience, how would you rate the applicant with respect to the following scientific capabilities:

	Below Average	Average	Above Average	Unusual	Out-standing
	Lowest 40	Middle 25	Next 20	Highest	15
Mastery of fundamental knowledge in major field					
Growth during total period observed					
Laboratory skill and technique					
Ability to communicate information (written/oral)					

**Inadequate opportunity to observe**

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- 
- 

In the space below, add any descriptive comment which will assist in providing a complete picture of the applicant's character, attitude, abilities and potential as an engineer or scientist. Please comment on the applicant's weak as well as strong points. (Use additional sheets if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Advisor:** Please return this completed reference form in a sealed envelope to the student prior to January 24, 2012



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(Last)

(First)

(Middle)

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Self-reliance and independence					

**Inadequate opportunity to observe**

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\_\_\_\_\_

\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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**Inadequate opportunity to observe**

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Growth during total period observed					
Laboratory skill and technique					
Ability to communicate information (written/oral)					

**Inadequate opportunity to observe**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Advisor:** Please return this completed reference form in a sealed envelope to the student prior to January 24, 2012

**Decommissioning, Decontamination, and Reutilization Division Scholarship  
(Masters Level)  
Supplement to Individual Application**

**Name (Last, First, Middle):** \_\_\_\_\_

**College or University:** \_\_\_\_\_

Please prepare a brief (approximately 1 page or 500 words) description of your long- and short-term professional objectives. You may use this form or a separate blank page. Use a word processor. No hand-written submissions are permitted.

**Nuclear Criticality Safety Pioneers Scholarship  
Supplement#1 to Individual Application**

**Essay**

**Name** (Last, First, Middle): \_\_\_\_\_

**College or University:** \_\_\_\_\_

Please prepare a brief (approximately 1 page or 500 words) essay providing a description of your long-term and short-term professional objectives with respect to your interest in nuclear criticality safety. You may use this form or a separate blank page. Use a word processor. No hand-written submissions are permitted.

Nuclear Criticality Safety Pioneers Scholarship  
Supplement #2 to Individual Application

Statement of Financial Need

Name (Last, First, Middle): \_\_\_\_\_

College or University: \_\_\_\_\_

Please provide a statement of financial need, including special circumstances; average number of hours per week the applicant works for pay during the school year; dollar value of all scholarships received for the school year. You may use this form or a separate blank page. Use a word processor. No hand-written submissions are permitted.

Statement of financial need

Indicate average number of hours per week for any position less than full time. Attach supplemental sheets, if necessary.

PRESENT OR LAST POSITION

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Your Position \_\_\_\_\_

May we contact your supervisor regarding your qualifications? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Dollar value of all scholarships received for the school year. Attach supplemental sheets, if necessary

Name of Scholarship	Dollar Value
_____	_____
_____	_____
_____	_____