



# ANS Scholarship Check List Form

## ANS NEED Scholarship

**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.

### NEED Scholarship

**Enclosed**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Official School Transcript(s) with seal
- \_\_\_\_\_ Sponsorship from from ANS organization
- \_\_\_\_\_ 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.*

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



**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**

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

Address \_\_\_\_\_

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

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

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

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

Your principal duties, accomplishments, and special equipment used (use an additional sheet of paper if necessary)

**Previous Position**

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

Address \_\_\_\_\_

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

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

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

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

Your principal duties, accomplishments, and special equipment used (use an additional sheet of paper if necessary)



# 2012-2013 ANS NEED Scholarship Award

# Individual Application

List at least three people (preferably faculty members and/or supervisors) who are familiar with your qualifications. Please have them send letters of reference (see last page(s) for form) to ANS Headquarters, Attn: NEED to be received by the February 1 deadline.

Name _____
Address _____
Phone ( ) _____ E-mail _____
Association with you _____

Name _____
Address _____
Phone ( ) _____ E-mail _____
Association with you _____

Name _____
Address _____
Phone ( ) _____ E-mail _____
Association with you _____

Name _____
Address _____
Phone ( ) _____ E-mail _____
Association with you _____

**Personal Statement of Future Plans**

On this page, please provide a statement of your academic and professional goals, experiences that have affected these goals, and any other information that you think will aid the selection committee in evaluating your application. (Use additional sheets if necessary.)

I certify that the information given above is correct and complete to the best of my knowledge.

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

# 2011-2012 ANS NEED Committee Scholarship Award Sponsoring Organization Nomination



Application for: (check one)  
 John and Muriel Landis Scholarship  
 Delayed Education for Women Scholarship

Please use typewriter or print in black ink pen only

Name of ANS Sponsoring Organization \_\_\_\_\_ Date \_\_\_\_\_

Name of Individual Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Sponsored Student \_\_\_\_\_

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

## Statement of Need

The ANS LANDIS or DELAYED EDUCATION SCHOLARSHIP AWARD is intended for college students who have a greater than normal financial need. The ANS NEED Committee also seeks to aid students who are disadvantaged for other reasons (e.g., poor high school or undergraduate preparation due to family in poverty.)

## Statement of financial need

## Statement of conditions that cause the student to be otherwise disadvantaged (if any)

### Statement of recommendation

Why do you feel this student should receive the ANS Landis or Delayed Education Scholarship Award?

### Administrative Information

The sponsoring Organization will be the recipient of the ANS LANDIS or DELAYED EDUCATION SCHOLARSHIP AWARD and is expected to, in turn, present the award to the student. The Sponsoring Organization is expected to maintain contact with the student and informally monitor his/her progress. At the end of the academic year, a final report is required to be submitted by the recipient, through the Sponsoring Organization, to the ANS NEED Committee.

Name of Award Custodian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

How will you informally monitor student progress?

Date \_\_\_\_\_ Signature of person preparing form \_\_\_\_\_

### Statement of Affirmative Action

The ANS is particularly interested in increasing its minority and female membership. Students in these groups are especially urged to apply. However, the scholarship is open to all students independent of race, creed, color or sex.



# 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**

- 
- 
- 
- 

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



# CONFIDENTIAL REFERENCE FORM

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

(Last)

(First)

(Middle)

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

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**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

