

# ISOPE Scholarship

## Application Form

1. The full name as it would appear on your official academic transcripts.

\_\_\_\_\_

Family Name      First Name (Given Name)      Middle (or Maiden)      E-mail address

2. Date of birth (day/mo/yr): \_\_\_\_ / \_\_\_\_ / - \_\_\_\_       Male       Female

3. Complete mailing address including the university name:

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_      ZIP or Postal Code \_\_\_\_\_      Country \_\_\_\_\_

4. Fax No.: \_\_\_\_\_      Phone No.: \_\_\_\_\_

5. List below all colleges, universities, or institutions of higher education you have attended or are currently attending.

Name and location Of institution	First/last terms (or semesters)	Area of specialty	Degree	Month/year of graduation
_____	____ / ____	_____	_____	____ / ____
_____	____ / ____	_____	_____	____ / ____
_____	____ / ____	_____	_____	____ / ____
_____	____ / ____	_____	_____	____ / ____

6. Thesis or dissertation topic (or field of specialty):

\_\_\_\_\_  
\_\_\_\_\_

7. Technical papers and journals or meetings published, presented, and submitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

8. Employment experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name and address of your professor from whom you are requesting the letter of recommendation for the scholarship.

\_\_\_\_\_  
\_\_\_\_\_

10. State the funds (scholarship or assistantship) you receive for your graduate studies in a university.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. I submitted a paper to: \_\_\_\_\_, an ISOPE-sponsored conference or symposium this year.

yes                       no;                      and plan to attend:    yes                       no

12. I am currently a student member of ISOPE:                       yes                       no

I intend to become a student member of ISOPE:    yes                       no                      not applicable

I apply for **ISOPE Scholarship**. If I am awarded, the money will be used for the scholastic purposes such as books, laboratory or computer equipment.

Enclosed are (1) an official graduate school transcript for current graduate students and official undergraduate transcript for entering graduate students; (2) a letter of recommendation directly to **info@isope.org** from the thesis supervising faculty, department chairperson, or an ISOPE member.

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

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

**Complete and Email to** [info@isope.org](mailto:info@isope.org), the ISOPE Awards Committee, 495 North Whisman Road, Suite 300, California 94043-5711, USA: [www.isope.org](http://www.isope.org).