



Arab American Association of Engineers and Architects Capital Area

Scholarship Application Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Declared Major: _____

Name of University or College currently attending: _____

Freshman Sophomore Junior Senior Graduate

Cumulative GPA: _____

Undergraduate only: Do you have plans to go on to graduate school?

Yes No

Name and title of the person who will be sending a recommendation letter for you:

Are you currently an AAAEA member? _____ Yes _____ No

If Yes, date became a member: _____

Community Service/Involvement:

AAAEA Committee Involvement:

I certify that the above information furnished herein is true and accurate and I do hereby authorize
AAAEA–Capital Area to verify the information.

Signature: _____

Date: _____