

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 registered: yes will register

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, I pledge that the money will be used for scholastic purposes such as books, laboratory or computer equipment, or travel expenses to attend ISOPE Conference or Symposium.

Enclosed are (1) an official graduate school certificate as enrolled student; (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, the ISOPE Awards Committee, 495 North Whisman Road, Suite 300, California 94043-5711, USA: www.isope.org.