



SIAEA SCHOLARSHIP & BANSI SHAH MEMORIAL TRUST SCHOLARSHIP (APPLICATION FORM 2017)

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A Not--For--Profit Organization
SIAEA, P.O. Box 596, Tarrytown, NY 10591
973 390 3674

APPLICANT'S INFORMATION:

Last, First & Middle Name: _____ Date of Birth: _____

Male _____ Female _____

Permanent Address:

Telephone: _____ E-mail: _____

Are you a member of SIAEA?

(i) If Yes, since when _____ & your membership #: _____

(ii) If not, please apply online at www.siaeany.org for **Student Membership** as soon as possible, as you must be a member in order to receive this scholarship. (A \$20 application fee will be required if you are not a current SIAEA member.)

APPLICANT'S FAMILY INFORMATION

Father's/ Guardian's Last, First & Middle Name: _____ Profession: _____

Annual Income: \$ _____

APPLICANT'S ACADEMIC INFORMATION

Name of the College / University you are attending: _____

Degree you are enrolled in: _____

Current year of enrollment (circle one): _____ 1 2 3 4 Expected year of graduation: _____

Have you applied for this scholarship in the past? Yes _____ No _____

If yes, were you awarded this scholarship? Yes _____ No _____

Last Year's/Last Semester's Results/GPA: _____

I certify that the information provided above is complete and accurate to the best of my knowledge.

I understand that falsifying any information may result in the revocation of my application and scholarship granted to me by SIAEA.

Applicant's Signature: _____ Date: _____

Briefly, tell us about yourself, your family, your need, your goal, how this scholarship will help you and how your participation can help advance the Society's goals and activities. (Attach a separate brief note) (Provide Two references of permanent US Residence with their name address, profession, phone no, email address)

Deadline to receive applications: **December 01, 2017**

Email: Ketan.icc@gmail.com (contact: 973 390 3674) or mail at: SIAEA, P.O. Box 596, Tarrytown, NY 10591