SCHOLARSHIP APPLICATION

ACADEMIC ALLIANCE FOR DEGREE COMPLETION
SCHOOL OF ENGINEERING
FAIRFIELD UNIVERSITY

2008-2009

APPLICANT INFORMATION

1. Name:		
2. Date of birth:	3. SSN:	4. Phone:
5. Address:		
6. City:	7. State:	8. ZIP Code:

COLLEGES & UNIVERSITIES ATTENDED

9. Name	10. Location (City & State)	11. Major	12. GPA	13.Degree	14. Dates

WORK EXPERIENCE –If not applicable go to Box 19.

15. Current employer:	16. Since when?
17. Position and Duties:	
18. Past employment: Yes _____No_____; If Yes, describe past employment, with dates, on an attached page.	

EXPECTED COURSES FOR FIRST YEAR AT FAIRFIELD UNIVERSITY

19. Fall Semester	20. Spring Semester

21. Intended engineering major field of study at Fairfield University:

STATEMENT OF EDUCATIONAL AND CAREER GOALS – attach additional page, if necessary

Signature of Applicant	**Date**

Return completed form to Dr. Bill Taylor, Associate Dean, School of Engineering, Fairfield University, Fairfield, CT 06824
Email:htaylor@mail.fairfield.edu, Fax (203) 254-4013

For additional information call the school of Engineering, Fairfield University at (203) 254-4147, or visit www.fairfield.edu/engineering