

**SCHOLARSHIP APPLICATION**

**ACADEMIC ALLIANCE FOR DEGREE COMPLETION  
SCHOOL OF ENGINEERING  
FAIRFIELD UNIVERSITY**

2010-2011

**APPLICANT INFORMATION**

1. Name:

2. Date of birth:

3. Student ID:

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](http://www.fairfield.edu/engineering)