

SOCIETY OF VACUUM COATERS FOUNDATION, INC.

PO Box 10202, Albuquerque, NM, 87184-0202

svcfoundation@svc.org

General information and instructions

Ensure that two original copies are sent by November 30th and received at the SVC Foundation office not later than December 7th including recommendations by professors.

The following scholarship materials must be submitted:

- the PDF fill-in application form completed and signed
- a current official certified educational transcript
- two scholarship recommendation forms, completed, signed and returned with the other application materials in a sealed envelope; at least one recommendation form must be from a professor at your educational institution.

PART 1 Identification of Scholarship Applicant –Preferred address Sept - May		
FULL NAME	SOCIAL SECURITY NUMBER (US only)	
<input type="text"/>	<input type="text"/>	
ADDRESS (NUMBER, STREET, ROOM/APT. #)	TELEPHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY/STATE AND ZIP + 4/COUNTRY	COUNTRY OF CITIZENSHIP	
<input type="text"/>	<input type="text"/>	

Preferred address May - August _ check here if same as above & continue to Part 2		
ADDRESS (NUMBER, STREET, ROOM/APT. #)	TELEPHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY/STATE AND ZIP + 4/COUNTRY		
<input type="text"/>		

PART 2 Applicant's Course of Study and Educational Institution			
NAME OF EDUCATIONAL INSTITUTION			
EDUCATIONAL INSTITUTION ADDRESS (NUMBER AND STREET)		FINANCIAL AID OFFICE TELEPHONE NUMBER	
EDUCATIONAL INSTITUTION CITY, STATE AND ZIP + 4		EDUCATIONAL INSTITUTION COUNTRY	
MAJOR	MINOR	CURRENT GPA	DATE DEGREE EXPECTED

Educational history

Other colleges (undergraduate and graduate) you have attended

NAME	CITY/STATE	YEARS ATTENDED	MAJOR	GRADE AVERAGE	DEGREE AWARDED

Employment Experience

EMPLOYER	DATES	DESCRIPTION OF POSITION/WORK EXPERIENCE

PERSONAL STATEMENT DESCRIBING INTEREST IN VACUUM COATING TECHNOLOGY, HOW YOUR COURSE OF STUDY IS RELATED AND IMPORTANT TO VACUUM COATING TECHNOLOGY, CAREER PLANS, LONG-RANGE ASPIRATIONS, SPECIAL ACHIEVEMENTS AND HONORS, EMPLOYMENT EXPERIENCE, INTERDISCIPLINARY SKILL/INTEREST AND SOCIAL VALUES (USE SPACE PROVIDED; ONE ADDITIONAL ATTACHMENT PAGE IS ACCEPTED)

Financial Need Information

Complete all blanks. If item is not applicable

to you mark "N/A"

INCOME	EXPENSES
STUDENT INCOME: _____	TUITION PER YEAR (2 SEMESTERS): _____
SPOUSE INCOME: _____	HOUSING COSTS: _____
PARENT(S) CONTRIBUTION: _____	BOOKS: _____
OTHER FINANCIAL AID	OTHER EXPENSES (PLEASE DETAIL): _____ _____ _____
LOANS: _____	
GRANTS: _____	
OTHER: _____	
OTHER INCOME: _____	
TOTAL INCOME: _____	TOTAL EXPENSES: _____

ASSETS (IF MARRIED, INCLUDE ASSETS & LIABILITIES OF SPOUSE)	LIABILITIES (INCLUDE ALL CURRENT INDEBTEDNESS)
CASH: _____	LOANS/NOTES _____
SAVINGS ACCOUNT(S): _____	MORTGAGES _____
CHECKING ACCOUNT(S): _____	CREDIT CARD DEBT: _____
REAL ESTATE: _____	OTHER (PLEASE DETAIL): _____
INVESTMENTS: _____	
OTHER (PLEASE DETAIL): _____	
TOTAL ASSETS: _____	TOTAL LIABILITIES: _____

FINANCIAL AID NEEDED
(DETAIL AMOUNT OF FINANCIAL AID NEEDED FOR THE NEXT SCHOOL YEAR AND HOW THIS SCHOLARSHIP WILL AID YOU IN YOUR ACADEMIC GOALS; UP TO ONE ATTACHMENT PAGE IS ACCEPTED):

PERSONAL CIRCUMSTANCES	
NAME OF SPOUSE 	ATTENDING SCHOOL?
	IF YES, SCHOOL ATTENDING, COURSE OF STUDY & WHEN DEGREE EXPECTED:

Information about your children and dependents

NAME	AGE	RESPONSIBLE FOR SUPPORT? (IF NOT RESPONSIBLE FOR 100% OF SUPPORT, LIST PERCENTAGE)

STUDENT CERTIFICATION

I certify that to the best of my knowledge the information provided in this application are correct. I further certify that I intend to complete the semester(s) to which this application would apply. I understand that any false statement on this application or my failure to complete a semester for which I have been provided aid may result in the revocation of my scholarship award and my repayment of any funds received.

Student's signature

Date

IF MARRIED, STUDENT'S SPOUSE CERTIFICATION

I certify that I have reviewed this application and to the best of my knowledge the information provided in this application are correct.

Spouse's signature

Date

Financial Information of Parents (Not required if student is classified as “independent” without the support of his/her parents by the educational institution student is attending)

Parents/Guardians Income

	PRIOR YEAR	CURRENT YEAR ESTIMATE
TAXABLE INCOME (ADJUSTED GROSS)		
NONTAXABLE INCOME (SOCIAL SECURITY/OTHER)		
TOTAL INCOME		

Financial Assistance provided by parents to student

FINANCIAL ASSISTANCE PROVIDED TO STUDENT TO DATE	
FINANCIAL ASSISTANCE PLANNED TO BE GIVEN TO STUDENT FOR THE NEXT SCHOOL YEAR	

Names, ages, school expenses of other dependents

NAME	AGE	SCHOOL ATTENDING	SCHOOL EXPENSES

Explanation of unusual income, expenses, debts or other special circumstances

PARENTS/GUARDIANS CERTIFICATION

We certify that we have read our dependent’s entire application and to the best of our knowledge the information provided in the application is true and correct.

Father’s/Guardian’s signature/date

Mother’s/Guardian’s signature/date

SOCIETY OF VACUUM COATERS FOUNDATION, INC. SCHOLARSHIP APPLICATION, P.7
SCHOLARSHIP RECOMMENDATION

PO Box 10202, Albuquerque, NM, 87184-0202
svcfoundation@svc.org

Name of Applicant:

Name of Reference:

Address:

Telephone: _____ Fax: _____ Email: _____

How long have you known the scholarship applicant?

In what capacity are you familiar with the applicant's education and/or personal background? _____

Evaluation:

In comparison with a representative group of other students who have approximately the same amount of experience and training, how do you rate the applicant in:

	Excellent (upper 5%)	Very Good (upper 10%)	Good (upper 25%)	Average (upper 50%)	Below Average (lower 50%)
General academic ability					
Leadership potential					
Motivation & initiative					
Ability to work with others					
Imagination & creativity					
Potential to succeed in vacuum coating technology					

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Comments (Use space provided. Do not attach letters.)

Please comment on any aspect of the applicant's background, experiences, community involvement, etc. that you feel will help the scholarship committee evaluate this individual.

Signature: _____ Date: _____

Please return this form plus one copy to THE APPLICANT in a sealed envelope.

Scholarship deadline: December 7

CHECKLIST -- HAVE YOU:

- _ Fully completed and signed the scholarship application form?
- _ Had your spouse and parents sign the application if applicable?
- _ Included a current official certified educational transcript?
- _ Included two scholarship recommendation forms, completed, signed and placed
in a sealed envelope?
- _ Included the original PLUS one copy of all scholarship materials?

APPLICATIONS MUST BE RECEIVED BY DECEMBER 7.

Send completed application with attachments to:
SVC Foundation Scholarship Program
PO Box 10202
Albuquerque, NM 87184-0202