

The Elizabeth D. Nealin Engineering Excellence Sustainment (EES) DAUAA Jacksonville Chapter Scholarship Application



The **Elizabeth D. Nealin Engineering Excellence Sustainment (EES) DAUAA JACKSONVILLE Chapter Scholarship Program** provides the recipient with an academic scholarship awarded annually for demonstrated academic and leadership achievement. The **\$500** scholarship will be applied directly to the recipient's continued pursuit (sustaining efforts) in attaining a degree in Engineering. The award is meant to supplement educational financial responsibilities and encourage recipients to continue in engineering in spite of potential obstacles.

1. SELECTION CRITERIA

- Must be a Sophomore or Junior enrolled in an ABET accredited undergraduate program in engineering at a university, college, or community college for the fall semester of the year of application.

2. SUBMISSION CRITERIA

- All applications **must be postmarked by 15 Aug 2018**. *Note: Late entries will not be considered.*
- Applicant must show a proven record of academic achievement via official transcript of 3.0 or better for engineering, science and math courses. Weighting will be applied to the number of STEM courses taken.
 - Completed application shall consist of this form, an official undergraduate transcript, and the one-page essay.
- Applicant must prepare and submit a one-page essay on the topic of "Why I chose to pursue an engineering career and what I hope to accomplish with my degree.", that may also highlight any personal/financial challenges or barriers encountered.
- NOTES:
 - Scholarships are for one year.
 - Scholarships will be sent as direct payment to the university or college and applied to the student's account.

Name: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____/_____

Name of college or university you are attending in the Fall: _____

Field of Study: _____

Have you been accepted to the fall semester: Yes ____ No ____

I hereby certify that the information on this application is true and if selected for a DAUAA JAX Chapter scholarship I agree to allow my name and photo to be posted on the DAUAA JAX website, newsletter and similar publications highlighting being a scholarship winner.

Applicant Signature: _____ Date: _____

If you have any questions, please contact the DAUAA JAX representatives listed here and email applications to them: Elizabeth Nealin at: elizabeth.nealin@navy.mil 904.317.1888 and Tony Conard at tony.conard@navy.mil 904.317.1697; If awarded, you must complete a separate Scholarship Voucher Form to allow processing.



DAUAA JACKSONVILLE FL SCHOLARSHIP AWARD VOUCHER

(complete only after being notified as an award recipient)

Award Name: _____

Recipient: _____

Award Amount: \$500

Note to Award Recipient: Once you have actually enrolled in a college/school, please complete the form below and send this voucher **along with proof of enrollment** (i.e., class schedule, tuition invoice) to the following address:

DAU ALUMNI ASSOCIATION OF JACKSONVILLE
ATTN: Scholarship Voucher
2271 TRAILWOOD DR
FLEMING ISLAND, FL 32003

You may also email advance copy or contact for info to: duanemalli@comcast.net

Your scholarship check will be made payable directly to your college/university and will be mailed to the financial aid office at the address you provide below. If there are school specific Donor forms needed to facilitate this award, please provide this info along with this form. ***Please note final disbursement for most schools occur after add/drop deadline for the current term or semester. This may cause a delay in the award disbursement. Please allow 4 to 6 weeks for processing and arrival of check.***

Student's Full Name (including middle initial if applicable) _____

Student's School ID# (if available) _____

Student's address for contact info resident or school _____

Student's email for contact info _____

Student's phone # for contact info _____

Student's enrollment term for the award (spring, summer A/B, fall, etc.) _____

Student enrollment type: (part time or full) _____

Social Security Number (Used only for tax form 1099): _____

Who to make check payable to: _____
(insert the full name of the college/university where you are enrolled)

Scholarship/Financial Office phone # _____

Mail check to the school's Financial Aid Office

Street Address: _____

City _____ State _____ Zip Code _____

Student Signature: _____

_____ Date

If you have any questions, please contact the DAUAA JAX representative: Elizabeth Nealin at elizabeth.nealin@navy.mil or 904.317.1888 or Tony Conard at tony.conard@navy.mil or 904.317.1697; email applications to the POCs listed here.