

SOCIETY OF VACUUM COATERS FOUNDATION, INC.

8100 M-4 Woyming Blvd. NE #243, Albuquerque, NM, 87113
svcfoundation@svc.org

General information and instructions

Two(2) copies all scholarship materials, word-processed and submitted together, must be **received** in the SVC Foundation office by **January 31st** for consideration for an award for the next academic year. 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) | |
| ADDRESS (NUMBER, STREET, ROOM/APT. #) | TELEPHONE NUMBER | EMAIL ADDRESS |
| CITY/STATE AND ZIP + 4/COUNTRY | COUNTRY OF CITIZENSHIP | |

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

| | | | |
|---|-------|---------------------------------------|----------------------|
| 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 |

PART 3 Educational history

Other colleges (undergraduate and graduate) you have attended

| NAME | CITY/STATE | YEARS ATTENDED | MAJOR | GRADE AVERAGE | DEGREE AWARDED |
|------|------------|----------------|-------|---------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

PART 4 Employment Experience

| EMPLOYER | DATES | DESCRIPTION OF POSITION/WORK EXPERIENCE |
|----------|-------|---|
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PART 5 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)

Blank space for writing the personal statement.

PART 6 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):

| | |
|--------------------------------------|--|
| PART 7 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) |
|-------------|------------|---|
| | | |
| | | |
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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

PART 8 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

ATTACHMENT PAGE 1

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ATTACHMENT PAGE 2

SOCIETY OF VACUUM COATERS FOUNDATION, INC. SCHOLARSHIP RECOMMENDATION

8100 M-4 Woyming Blvd. NE #243, Albuquerque, NM, 87113

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 | | | | | |

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: January 31

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 JANUARY 31.

Send completed application with attachments to:
SVC Foundation Scholarship Program
8100 M-4 Wyoming Blvd. NE #243
Albuquerque, NM 87113