

Application Revised – Deadline Extended to APRIL 11, 2008
ITT/IPFW Scholarship with Possible Internship Position
Application Form

NAME: _____ STUDENT ID # _____
(Last) (First) (Middle)

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

DEPARTMENT: _____ MAJOR: _____

EMPLOYED (Yes ___ No ___)? If Yes - By Whom _____

Are you related to an ITT employee? (Yes ___ No ___). If yes, provide ITT employee name and relationship _____.

Will you co-op in Fall 2008
(Yes ___ No ___) and/or Spring 2009
(Yes ___ No ___)?

Do you plan to graduate Fall Semester
2007 (Yes ___ No ___)?

Anticipated graduation date: _____
(month/year).

Number of credit hours registered in
Spring Semester 2008 _____.

Will you attend IPFW full-time (12 or
more) in the Fall Semester 2008
(Yes ___ No ___)?

OVERALL GPA: _____
(You must attach an unofficial copy of
your latest transcript - see your department
secretary for this or the Registrar.)

<p>CRITERIA FOR SCHOLARSHIP:</p> <ol style="list-style-type: none">1. Must be a full-time student committed to completing a baccalaureate degree on a full-time basis (enrolled in at least 12 credit hours) each Fall/Spring semester during the academic year.2. Must have an overall GPA of 3.0 or greater in one of the following majors: computer engineering, computer science, electrical engineering, mechanical engineering, or equivalent engineering technology disciplines and remain in one of these majors.3. Must demonstrate academic ability to succeed at IPFW and agree to an academic progress review each semester.4. Must provide a recommendation letter from an IPFW faculty member.5. Student award winner may renew annually by reapplying. In order to be eligible, student must meet the above criteria and be willing and eligible to accept an internship if offered by ITT.

I, the undersigned, certify that I am not involved with a company tuition refund program. I authorize my department to release GPA information to ITT/IPFW and am willing and eligible to accept an internship from ITT if offered.

(Signature)

DATE: ___/___/_____



Excellence

ETCS Scholarships for

Media Waiver Form

By signing below, I give my consent to the College of Engineering, Technology, and Computer at Indiana University-Purdue University Fort Wayne to use my name, comments, photograph or to be videotaped in order to promote ETCS Scholarships for Excellence Program.

Signature	Date
Name (Printed) _____	
Address: _____ City: _____ State: _____ Zip: _____	
Phone: Home _____ Work _____ Age: _____ Sex: _____	

For those persons under the age of eighteen (18) years: I hereby consent and agree to the above as the Parent/Legal Guardian of _____ (minor's name).

Parent or Legal Guardian

Print Name

Please return completed form along with your scholarship application to:

Gerard Voland, Dean
College of Engineering, Technology, and Computer Science
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805-1499