

American Institute of Building Design
College of Fellows
Scholarship Application

June 30 is the cutoff date for accepting applications (each year)

The scholarship is provided for children or grandchildren of AIBD professional members who are majoring in architecture, building design, or a similarly design-oriented curriculum, at a community college, 4- or 5-year college or university.

Please complete all sections and return to:

(USPS) AIBD College of Fellows
 c/o American Institute of Building Design
 725 N A1A, Suite E-108
 Jupiter, FL 33477
(Fax) (Toll Free) 866-204-0293 (Local) 202-591-2469
(E-mail) info@AIBD.org

1. Name (last, first, middle): _____
School address: _____
School phone #: _____
Permanent address: _____
Permanent phone #: _____
Your e-mail address: _____
Parent or legal guardian's name: _____ Relationship: _____
Address if different from above: _____
Date of birth: _____ Marital status: _____
Spouse's name: _____ Spouse's annual income: _____
Number of dependents other than spouse: _____
Father's occupation: _____ Approx. annual income: _____
Mother's occupation: _____ Approx. annual income: _____
Brothers and sisters in family older than you _____ younger than you: _____

Education: Give name of schools attended:

Secondary schools	Attended: from - to	Graduation Date

Community college or college (state present class status):

2. Scholastic:

Hours earned: _____

Current Grade Point Average (GPA; 4 point scale): _____

Overall Grade Point Average (GPA; 4 point scale): _____

Expected Graduation Date: _____

3. Work Experience (provide name of company and experience), if applicable.

List below summer/intern work experience or other part-time work explaining briefly duties and responsibilities:

From: _____ To: _____ Year: _____

Employer's name: _____

Address (street, city, state, zip): _____

Job duties: _____

From: _____ To: _____ Year: _____

Employer's name: _____

Address: _____

Job duties: _____

4. List interests, organizations and offices held:

A: _____

B. Other: _____

5. Financial information (for this academic year):

Estimated yearly college costs: \$ _____

How are you currently paying for your college education? _____

Describe briefly in annual dollar amounts:

Family: \$ _____

Summer work: \$ _____

Part-time work: \$ _____

Savings: \$ _____

Loans (specify type): \$ _____

G.I. Bill (amount): \$ _____

Other scholarships (specify amount/type): \$ _____

If you will require financial aid to complete your education, please explain: _____

6. Attach a copy of your resume to this form.

7. References: (provide name, address, phone number, and type work they do)

8. In the space below, list any other information that you feel is important for consideration for this scholarship.