



AMERICAN SOCIETY FOR QUALITY ROCHESTER SECTION

2019 COLLEGE SCHOLARSHIP AWARD APPLICATION

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| NAME | |
| PERMANENT ADDRESS* *If not a permanent resident of qualifying county, also provide family member name of ASQ member. | |
| COUNTY OF PERMANENT RESIDENCE | |
| TELEPHONE AT PERMANENT ADDRESS | |
| COLLEGE ADDRESS | |
| TELEPHONE AT COLLEGE | |
| E-MAIL ADDRESS | |
| ACCREDITED UNDERGRADUATE COLLEGE | |
| DEGREE SOUGHT | |
| MAJOR | |
| CURRENT YEAR OF COLLEGE* *If you are in your 2 nd year at a community college or 2 year school, please indicate "Sophomore" | <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior |
| GRADUATION MONTH/YEAR | |
| HOW DID YOU HEAR ABOUT THE SCHOLARSHIP? | <input type="checkbox"/> School Financial Aid <input type="checkbox"/> School Bulletin Board <input type="checkbox"/> School E-mail <input type="checkbox"/> Parent <input type="checkbox"/> Media (please specify) <input type="checkbox"/> Other (please specify) |
| HAVE YOU SUBMITTED YOUR? | <input type="checkbox"/> Transcript (from college via US mail) <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> Essay <input type="checkbox"/> Application |

Email your materials to: asqrs.scholarship@gmail.com by 28 February, 2019

If email is unavailable, send hardcopy to:

ASQRS Scholarship Committee, PO Box 10117, Rochester NY 14610