



STUDENT SCHOLARSHIP APPLICATION

AMERICAN SOCIETY OF PLUMBING ENGINEERS

SOUTHERN NEVADA CHAPTER

E: ASPESOUTHERNNEVADA@GMAIL.COM

Name: _____
(Last) (First) (MI)

Address: _____
(Street)

(City) (State) (Zip)

E-Mail: _____

University or School Attending: _____

Major: _____ Semester Standing: _____ GPA: _____

Are you a member of ASPE? _____ Member Number: _____

If NO, you will be required to join as a student member upon award.

Please briefly state why you believe you are a qualified candidate and why you would like to receive this scholarship.

List of courses you are currently enrolled in:

I agree that all information listed on this application is true and accurate. I acknowledge that all information is subject to verification with the university/college prior to award.

Signature: _____ Date: _____

Please submit application to the chapter e-mail address at the top of the page. You may direct any questions to this same address. Priority deadline is May 25, 2014.

