



ACEC Scholarship Recommendation Form

Complete this form and return to the **Member Organization** address below by: Friday Feb. 26, 2010

Name of Member Organization ACEC Indiana

Address 55 Monument Circle, Ste. 819

City, State & Zip Code Indianapolis, IN 46204

Telephone (317) 637-3563 Email staff@acecindiana.org

Name of Student: _____

Name of School: _____

Degree Expected: _____

Date Expected: _____

Your Name: _____

Title: _____

Organization: _____

You are (indicate one): Engineering professor _____ Consulting engineer _____ Land Surveyor _____

Address: _____

How long, how well, and in what capacity have you known the applicant?: _____



In the fall of 2010 this student will enter (indicate one):

- Junior year Senior year Fifth-year Master's **N/A for ACEC Indiana**

Please rate the student in each of the following categories (rating 1, 2, 3, or 4; with 1 the lowest and 4 the highest). Rate each category as best you can, do not leave any category without a rating point.

	Rating	Use space below to explain your answers
Academic Potential	_____	_____
Academic Performance	_____	_____
Cooperation	_____	_____
Leadership	_____	_____
Initiative	_____	_____
Industrious	_____	_____
Dependability	_____	_____
Courtesy	_____	_____
Maturity	_____	_____
Self-control	_____	_____
Potential as a PE	_____	_____

Signature: _____

Date: _____



ACEC Scholarship Application Checklist

Applicant: _____

MO: ACEC Indiana _____

Reviewed by (MO Representative): Colleen Merkel _____

Date: _____

- Official ACEC Application Form
- Selected the General Scholarships
- ABET — Accredited Engineering Program
- Properly Signed by Applicant
- Properly Signed by Dean or Professor
- Essay
- ACEC Recommendation Form
- Official Transcript – **Including 2009 Fall Semester Grades**