2019-2020 ANS General Application

Deadline: February 01 2019 at 11:59 PM CST (Midnight)

Contact Information	
For which ANS General Scholarship are you applying? *	
 Freshman Undergraduate (incoming Freshman) Graduate Sophomore Undergraduate (incoming Sophomores) Undergraduate (incoming Juniors & Seniors) First name *	
-irst name	
Middle initial	
Last name *	
Present street address *	
City *	
State *	
 Zip code *	
Home phone *	
Email *	
Business/cell phone *	

Are you a U.S. citizen? *
O No
C Yes
Permanent visa expiration date
Clear
Birthdate *
Clear
College/university enrolled in/applied to *
Department of school *
Street address *
City *
State *
Zip code *
Your status in the upcoming academic year *
Community college student Freshman
O Junior
MS candidate
C PhD candidate
C Senior
SophomoreTrade school student
Are you an ANS national student member? *
C No
C Yes

If yes, please provide your member ID#.
(Max range: 999999999)
Department Chair for the upcoming year
•
Address * Scholarship checks will only be mailed to the Department Chair. Please consult your faculty advisor to find out who this is.
City *
State *
Zip code *
Please list all forms of financial assistance you are currently receiving (type of assistance, amount and dates of assistance). *
Please list all forms of financial assistance for which you have applied (type of assistance, If this doesn't apply to you, please indicate with 'N/A'.
amount and dates of assistance). *
Do you have any military or other obligation that requires a work commitment immediately If this does not apply to you, please indicate with 'N/A'. following graduation? *
O No
C Yes
If yes, please explain.

	larship Sponsorship F		
Chapter. This is to establ	ish that the applicant is indeed	a student and deserving of f	risor of an ANS Student Section or Alpha Nu Sigma unds provided by ANS for the scholarship. Your sponsor ase advise your contact of this incoming email to ensure a
ponsoring Organization	Contact's First Name *		
ponsoring Organization	Contact's Last Name *		
ponsoring Organization	Contact's Email Address *		
ponsoring Organization	Contact's Title *		
ponsoring Organization	*		
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Education and Tra	ining	titute give the information rec	guested for each undergraduate and
ducation and Tra lor or attendance at a Colleraduate degree. If you details	ining ege, University or Technical Ins	ave some college, please give	quested for each undergraduate and e dates of attendance and total hours
Education and Train or attendance at a Colle raduate degree. If you completed. All official train	ining ege, University or Technical Ins did not receive a degree, but h	ave some college, please give	
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graduate degree. If you o	ining ege, University or Technical Ins did not receive a degree, but h	ave some college, please give	

End date *	
Clear	
no at	
Major *	
Inweighted GPA *	
egree Received *	
C Bachelors	
C Certificate	
C Masters	
NonePhD/Doctorate	
tle of Degree Received *	
tile of Degree Received	
o you have more? *	
o you have more:	
C No	
C Yes	
Current School Transcript lease send this transcript request to your school's registrar's office. For current congistrar's office to ensure your transcript has been properly requested using your intended that this request has been fulfilled and sent. If the transcripts are not received by the gistrar's office can email the transcripts directly to scholarships@ans.org or uploated.	nstitution's transcript request procedure. You must also verify he deadline, you will not be considered for any awards. Your ded them using this request. Both official and unofficial
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Contact's Title		
Contact's Organization		
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ducation and Training		
Education and Training		
For attendance at a College, University or Technical Institute,		
raduate degree. If you did not receive a degree, but have so completed. All official transcripts must be included in your app	ome college, please give dates of attendance and total hours lication package.	
School		
ocation		
start date		
Clear		
ind date		
The date		
Clear		
1ajor		
Inweighted GPA		
Degree Received *		
BachelorsCertificate		
C Masters None		
C PhD/Doctorate		

Title of Degree Received *		
Do you have more? *		
○ No ○ Yes		
C Yes		

Additional Education/Training		
ist other schools (secondary, vocational), specialized military se	ervices, and apprenticeship programs.	
School		
City		
State		
Country		
Country		
Start date		
Clear		
End date		
ind date		
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Field of study		

t any academic honors received.	
t any academic or professional activities and offices held. Include ye	our contributions within the ANS either locally or at the
tional level.	
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mployment	
count for all employment including US military service. Start wi	th your most recent position and work backward. Indicate
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Name of employer*	
Street address *	
City *	
State *	
Zip code *	
Supervisor's name *	
Supervisor's phone number *	
May we contact your supervisor regarding your qualifications? *	
we contact your supervisor regulating your qualifications.	
C No	
C Yes	
Your principal duties, accomplishments, and special equipment used *	_
Do you have another job you would like to enter? *	
C No	
C Yes	
Employment	
Position *	

From *
Clear
To *
Clear
Average hours per week *
Thorago notice per notice
Name of employer *
Street address *
City *
State *
Zip code *
Supervisor's name *
Supervisor's phone number *
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May we contact your supervisor regarding your qualifications? *
C No
C Yes
Your principal duties, accomplishments, and special equipment used *

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upervisor's name *		
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upervisor's name *	State *	
upervisor's name *		
upervisor's name *		
	Zip code *	
	Supervisor's name *	
upervisor's phone number *		
upervisor's phone number *		
	Supervisor's phone number *	

May we contact your supervisor regarding your qualifications? *	
C No	
C Yes	
Your principal duties, accomplishments, and special equipment used *	
eferences	
Reference #1	
List two people, preferably supervisors and/or faculty members in your field of study, who requested to provide a reference for you.	o are familiar with your qualifications. These people will be
Contact's First Name *	
Contact's Last Name *	
Contact's Email *	
Contact's Phone Number	
Contact's Title	
Contact's Organization	
Reference #2	
Reference #2 Please list a person who is qualified (preferably a supervisor and/or faculty member)	

Contact's First Name *	
Contact's Last Name *	
Contact's Email *	
Contact's Phone Number	
Contact's Title	
Contact's fille	
Contact's Organization	
ersonal Statement	
Describe in 500 words or less what made you choose a career in nuclear science/engin	eering/technology.
Address the following questions in your statement: In what aspect of nuclear science/engineering/technology do you plan to concentrate, a How far do you expect to go with your formal education, and why? **	and why?
	Max Number of Words: 500