

**JOSEPH C. MENEZES SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

High School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Have you been accepted for post secondary education? (Yes / No) \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_ (MUST submit proof of acceptance with this application)

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Type of Program Enrolled (Masters, Bachelors, Associates, Certificate) : \_\_\_\_\_

Field of Study: \_\_\_\_\_ Type of Study: (Full-time): \_\_\_\_\_

(Part-time): \_\_\_\_\_

**MAINE CHAPTER INFORMATION**

Are you a current member of the Maine Chapter I.A.A.I.? (Yes / No) \_\_\_\_\_ (If no, continue)

Name of Maine Chapter Sponsor: \_\_\_\_\_

Relationship to Maine Sponsor: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a short description on your education and how the scholarship will be used.**

**Maine Chapter IAAI  
Attn: Scholarship Committee  
PO Box 1101  
Auburn, ME 04211-1101**