LAWRENCE W. AND FRANCIS W. COX SCHOLARSHIP

PRI	NT YO	DUR N	AME:												
Elig	ibility	/ requ	ireme	nts:											
, E	At the time of application and award the individual must be a student in an ABET-accredited or equivalent program in civil engineering or related field. Applicants must be a member of the														
	Society in good standing at the time of application and award. Previous recipients of these scholarships are eligible to apply in any succeeding competition for						n for								
3) S	these awards provided the other requirements of eligibility are satisfied. Selection is based on the applicant's justification of award, educational plan, academic performance and standing, potential for development, leadership capacity, ASCE activities, and financial need.														
Арр	licati	ons n	nust in	clude	Chec	k all t	hat ap	ply.							
	Comp	leted a	applicat	ion for	m.										
k L	 Personal essay which shall be no more than 500 words and shall highlight why the applicant chose to become a civil engineer, specific ASCE Student Chapter involvement, any special financial needs, and long term goals and plans. Detailed budget using attached template. 														
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							itely, bu								ombor.
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			script e			Registr	ar's Off	ice			_	ultiple ipt requ		ırships	,
	One-p	age r	-	Inclu	ıde hor		Attn: Hon activitie:								191. offices
One Febi app l	ruary licati	plete 10. <u>A</u> on pa	II item	s mus (see]	st be co Fransc	ollecte	be <u>rec</u> ed by t ote abo	he ap	olicant	and s	ubmitt	ed as c	ne co	mplete	<u>.</u>
Awa	ırd:														
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		Dea					l Trans Applic	•				•	•	10	
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Application for the

Lawrence W. and Francis W. Cox Scholarship

Please note: As a response to your application will be sent via email, be sure to include your current email address and ensure all information is legible.

,				
ASCE Mem	ber ID Number			
Name:				
(Last)		(First)	(Middle)	
School Address:				
		(Street Address)		
	(City)	(State)	(Zip Code)	
Phone:		E-mail:		
Permanent Address:		(Street Address)		
		(Sileet Addless)		
	(City)	(State)	(Zip Code)	
Name of University Atter	nding:			
Financial Aid Office Address:				
		(Street Address)		
	(City)	(State)	(Zip Code)	
Major:		Degree Pursued (check on	ne)BS	_BA
CE Interest Area:				
GPA (min. 3.0 / 4.0):	E	xpected Date of Graduation (mo/yr): _		

reby state that all information contained all essays are my own work.	within this application is true ar	nd correct to the	ne best of my knowled		
Applicant Signature	Date	Applicant's Er	plicant's Email Address		
ASCE Chapter Faculty Advisor Signature	Faculty Advisor Name (please p	print)	ASCE Region		
ulty Advisor's Email Address:					

ASCE SOCIETY SCHOLARSHIP DETAILED BUDGET TEMPLATE

Your budget must be included with your application. Use this form to record your finances.

ANNUAL INCOME	
Description	Amount
Wages	\$
Family Assistance	\$
Other Scholarship 1	\$
Other Scholarship 2	\$
Other Scholarship 3	\$
Personal Savings	\$
Other Tuition Assistance 1, e.g. Grants	\$
Other Tuition Assistance 2	\$
Other Tuition Assistance 3	\$
SUBTOTAL	\$
ANNUAL EXPENSES (related to education)	
Description	Amount
Tuition	\$
Books	\$
Fees	\$
Lodging	\$
Transportation	\$
Meals	\$
Communication	\$
Internet	\$
Other Expense 1	\$
Other Expense 2	\$
Other Expense 3	\$
Other Expense 4	\$
Other Expense 5	\$
SUBTOTAL	\$
OWNED	
OTHER	
Description	Amount
Loan 1	\$
Loan 2	\$
Other 1	\$
Other 2	\$
SUBTOTAL	\$