A Local Chapter of the Illinois Society of Professional Engineers

Melvin E. Luke Scholarship Award Application

PERSONAL INFORMATION

Name:				
Last		First	Middle	
Home Address:				
		Number/Street		
	City/State/Zip Code			
Phone #: ()_	E	-mail:		
Date of Birth:	_//(SS# or St	udent ID # Require	ed of Scholarship Winners)	
ACADEMIC INFO	ORMATION			
High School:		Ph	one #: ()	
High School Studen	nt Guidance Counselo	r E-Mail:		
Cumulative Grade	Point Average:	(3.0 or higher 1	based on 4.0 grade scale)	
SAT or ACT Score				
SAT:	Math ()	Verbal (English ()	
ACT:	Math ()	English ()	
must be a Senior high school and mu accredited by the En	gh school student who wast be enrolled in an er	vill graduate from a Ingineering program of Commission (EAC)	tke Scholarship Award, applicant Lake County or McHenry County at a university or college that is C) of the Accreditation Board for	
Schools Applied To):			
Date Applied:				
Date Accepted:				
Planned Engineeri	ng Major:			

OTHER PERTINENT INFORMATION: List on/off campus activities, employment during school and summer breaks, and any other relevant activities, including community service and other volunteer work. Provide details on a separate sheet, along with statements expressing your interest in engineering and how you plan to contribute to the engineering profession.

	-	tat the Lake County Chapter of ISPE Use additional sheet if necessary)		
List the name(s)/address(es) of friends or relatives who are engineers and how they have mentored or influenced your decision to join the engineering profession: Include their engineering discipline and registration information. (Use additional sheet if necessary)				
Name Add	lress	Relationship		
Engineering Discipline	Registered as Prof	essional Engineer (yes/no, State)		
engineering profession 4. Official Transcripts (in a be mailed or e-mailed second) 5. SAT or ACT official scoon REQUIRED INFORMATION I authorize my school officials County Chapter of ISPE.	rour interest in engineering a sealed envelope if main parately directly from the presence of the control of th			
		Signature)(Date)		
Principal/Guidance Counselor I certify that the academic inform		application is complete and true.		
Signature:Printed Name: Title: Date: High School: Phone #: ()				
MAIL OR E-MAIL THE C WITH A COPY TO BENJAM APRIL 1 OF THE CURRENT George V. Capaul, P.E. 7 Hawley Court	COMPLETED APPLI IIN METZLER. APPI	CATION TO: GEORGE CAPAUL CATIONS MUST BE RECEIVED BY Benjamin Metzler, P.E. 222 4th Street		
Grayslake, IL 60030-1516 gcapaul@dls.net		Libertyville, IL 60048 <u>metzlerb@gmail.com</u>		