ILLINOIS SOCIETY OF PROFESSIONAL ENGINEERS FOUNDATION

2012
ISPE/M. E. AMSTUTZ MEMORIAL AWARD
and
ISPE ADVANTAGE AWARD/ISPE FOUNDATION SCHOLARSHIPS

For Junior and Senior* College Students

*Unless otherwise defined by the applicant’s college or university, the applicant shall have earned not less than 60 semester hours credit by the application deadline date to be considered of junior standing for purposes of these awards.

DEADLINE FOR APPLICATION: March 31, 2012

Illinois Society of Professional Engineers Foundation
100 East Washington Street
Springfield, Illinois 62701
217.544.7424 Phone
217.528.6545 Fax
www.illinoisengineer.com
ENGINEERING SCHOLARSHIPS AVAILABLE TO ENROLLED COLLEGE STUDENTS

ISPE/M.E. Amstutz Memorial Award
(1) Scholarship $1500

This award was established in memory of Melvin E. Amstutz, P.E., whose life was dedicated to the advancement and betterment of human welfare and the engineering profession. Mr. Amstutz was an active member of the Illinois Society of Professional Engineers from 1931 until his death in 1970, at which time he was serving his 20th year as Superintendent of the Lake County Highway Department. He served the Society in many offices, including Lake County Chapter President, State Society President, and National Director, and was the recipient of the Illinois Award, ISPE’s highest honor. During his career, he especially advocated the importance of registration for the graduate engineer.

After selection of the Amstutz recipient, remaining applicants shall be considered for the following scholarships:

ISPE Advantage Award/Foundation Scholarship:
(1) Scholarship $1000

The ISPE Advantage Award is reserved for the son or daughter of an ISPE member in good standing, provided the applicant ranks among the top five candidates. If no applications are received from children of ISPE members, funds reserved for the ISPE Advantage Award shall revert to a regular Foundation Scholarship.

Should an ISPE member's son/daughter be ranked as the No. 1 candidate in the competition, he or she will be named recipient of the Amstutz Award. This will not preclude selection of another ISPE member's child as recipient of the ISPE Advantage Award. Neither will an ISPE member's child be excluded from consideration for Foundation scholarships.

Eligibility
Applicants shall:
(1) Attend an Illinois university and be enrolled in an engineering program accredited by the Accreditation Board of Engineering and Technology (ABET). (Note: Students enrolled in an engineering technology program are not eligible.)
(2) Be of at least Junior standing.*
(3) Have a B average or better in those courses which are accredited toward the engineering degree.
(4) Show evidence of financial need.

Application Requirements
In addition to completing the attached application and needs analysis, the candidate must:
(1) Submit official transcripts of all college and university work.
(2) Submit two letters of reference:
(a) from the department chair or department faculty member.
(b) from past employer or other character reference.
(3) Prepare a typewritten essay in 200 words or less on “Why I Would Like to Become A Professional Engineer.”

Selection Criteria
Candidates will be evaluated based on scholarship, financial need, activities, interest in engineering and the applicant’s essay.

*Unless otherwise defined by the applicant’s college or university, the applicant shall have earned not less than 60 semester hours credit by the application deadline date to be considered of junior standing for purposes of these awards.

Submit complete application with all supporting information required to:

ISPE Foundation, Inc.
100 East Washington Street
Springfield, IL 62701

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE THAT COMPLETE INFORMATION IS SUBMITTED AS REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

DEADLINE: March 31, 2012
# THE ILLINOIS SOCIETY OF PROFESSIONAL ENGINEERS FOUNDATION

## Scholarship Application

**Name**

**Permanent Home Address**

**Telephone**

**Present Address if different from above**

**Telephone**

**Information about your family:**

- **Father’s Name**
- **Address**
- **Employer/Occupation**
- **Mother’s Name**
- **Address (if different than above)**
- **Employer/Occupation**

If a parent is an ISPE member, list name and member #: ___________________________________________________________

- **Number of brothers and sisters**
- **Ages**

**Name of individual who supports you***

*If you list someone other than “parents” or “self,” complete the following:

- **Relationship to you**
- **Address**
- **Employer/Occupation**

## EDUCATION

**SECONDARY SCHOOLS ATTENDED**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COLLEGES AND UNIVERSITIES ATTENDED**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What engineering discipline are you studying?**

**What is your anticipated graduation date?**

## SUPPORTING INFORMATION

**WORK EXPERIENCE:** Attach a copy of your work experience, including any co-op programs. List employer, dates of employment, your duties.

**ORGANIZATIONS, SOCIETIES, CLUBS AND ACTIVITIES:**
Provide a list of your memberships and activities, including years active and offices held.

**HONORS, PRIZES, OTHER RECOGNITION:**
Provide a list of any special honors and scholarships you have won, either in or out of school, since you entered college.
This section to be completed by Parent or Guardian, or applicant if self-supporting.

- Family’s gross annual income $_________ and net taxable income $_________ for year____ as reported to the IRS.

- Number of other children who will be in college during the next four years and the estimated annual amount to be contributed by the family toward their education (excluding the applicant)________________________________________________________________________

- Indicate as individual annual dollar amounts any unusual demands which will be made upon the family’s financial resources during the next two years (medical, dental, personal, etc.)______________________________________________________________

This section to be filled out by the Applicant:

### Estimated Resources - Academic Year

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from parents</td>
<td>$_______</td>
</tr>
<tr>
<td>From spouse’s parents</td>
<td>$_______</td>
</tr>
<tr>
<td>Spouse’s income</td>
<td>$_______</td>
</tr>
<tr>
<td>Net summer savings</td>
<td>$_______</td>
</tr>
<tr>
<td>From savings</td>
<td>$_______</td>
</tr>
<tr>
<td>Veteran’s benefits</td>
<td>$_______</td>
</tr>
<tr>
<td>Social Security</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Sources</td>
<td>$_______</td>
</tr>
<tr>
<td>(Scholarships, Grants, Loans, etc.)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

Total Resources $_________

### Estimated Expenses - Academic Year

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees</td>
<td>$_______</td>
</tr>
<tr>
<td>Room</td>
<td>$_______</td>
</tr>
<tr>
<td>Board</td>
<td>$_______</td>
</tr>
<tr>
<td>Books, supplies</td>
<td>$_______</td>
</tr>
<tr>
<td>Transportation</td>
<td>$_______</td>
</tr>
<tr>
<td>Instruments and/or special equipment</td>
<td>$_______</td>
</tr>
<tr>
<td>Other (itemize)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

Total Expenses $_________

If funds are not available to you from other sources, will you borrow the necessary money to finance your education? Please explain.______________________________________________________________

Signature of Parent or Guardian ________________ Date ________________

Signature of Applicant ________________ Date ________________

According to the Family Educational Rights and Privacy Act, a transcript is a confidential document and cannot be released to a third party without the written consent of the student. So that we may distribute copies of your transcript along with your scholarship application to our Scholarship Committee, please sign the following permission statement.

I hereby grant permission to allow the ISPE Foundation to release information contained in this application, including copies of my transcript and the confidential needs analysis, to members of the ISPE Scholarship Committee.

Signature of Applicant _____________________ Date ________________

Send completed applications (including transcript, essay, supporting information, and letters of reference) to:
ISPE Foundation – 100 East Washington Street – Springfield, IL 62701

**DEADLINE: March 31, 2012**

Questions: Call 217.544.7424