



AIA Shreveport

A Chapter of the American Institute of Architects

ARCHITECTURE SCHOLARSHIP PROGRAM

APPLICATION FORM

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth (mm/dd/yyyy): ____/____/____

Current Mailing Address and Contact Information:

Number and Street: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Parish: _____

How long have you been a Louisiana resident? _____ years

Please state the name of the high school from which you graduated, (name of school, city, parish).

Academic Information

Please state the name of the University and Program that you are currently attending.

Cumulative GPA: _____ Expected Graduation Date: _____

Are you currently fulltime? _____ Will you be fulltime during the coming academic year? _____

What year of school are you currently completing? _____

Faculty References (List the names of two currently teaching at your Architecture program.)

Applicant's Certification and Release

I hereby certify that the above stated and attached information is true and correct to the best of my knowledge. I authorize the Executive Board of AIA Shreveport Chapter to request, receive and release information concerning my academic status to and from the Architecture program that I am attending.

Applicant's Signature: _____ **Date:** _____