

Interior Design Student Scholarship Application

Due Date: September 25, 2017 Submit application and documentation to:

Kathleen Ramsey, Allied ASID
President ASID Missouri West/Kansas Chapter
4200 Somerset Dr.
Ste 256
Prairie Village, KS 66208-5213
president@mow-ks.asid.org

Interior Design Scholarship Application

Date Received _	
Student Name	

American Society of Interior Designers Missouri West/Kansas Chapter 2017/2018 Scholarship Application

ASID Missouri West/Kansas Chapter is pleased to announce our tenth annual scholarship awards. \$1000 Interior Design Scholarships are available.

Applicant requirements:

- Currently enrolled in an Interior Design program for an Associate or Bachelor degree.
- Successfully completed 1 year (30 semester hours or the equivalent) or more of study towards the Interior Design program.
- Be a current Student Member of ASID

Completed application to include the following:

- ♦ Submit one-page narrative (maximum 300 words) of educational and professional goals and reason you deserve the award.
- ◆ Provide two sealed letters of reference from academic, professional or volunteer contacts, and their signature across sealed envelope (include in packet.).
- ◆ Provide an official transcript including Interior Design program classes (include in packet.)
- Provide current class schedule or enrollment documentation.
- ♦ Completed applications will be reviewed by a scholarship committee appointed by the ASID Missouri West/Kansas Chapter President. The committee's recommendations will be reviewed and approved by the Board of Directors of the Missouri West/Kansas Chapter of ASID. Scholarships will be announced at the Annual Meeting.
- ♦ If selected as a recipient, you will be required to attend the Annual Meeting in order that the scholarship can be presented to you personally. The expense of the event will be covered by ASID Missouri West/Kansas Chapter but mileage and lodging will be at the recipient's expense. The Annual Meeting will be held in mid-September.

Note: Applicant is responsible for legibility, accuracy and completeness of the application and supporting documentation. All information requested must be included at the time of submission.

American Society of Interior Designers Missouri West/Kansas Chapter Scholarship Application

Please print in ink		
NAME:		
STUDENT ID#		
E-MAIL:		
STREET ADDRESS:		
CITY, STATE, ZIP CODE: _		
TELEPHONE NUMBER:	DAY: ()	
	EVENING: ()	
CUMULATIVE GPA:		
NUMBER OF COLLEGE HO	OURS SUCCESSFULLY COMPLETED?	
WHERE ATTENDING COL	LEGE?	
MAJOR?		
EMDI OVMENT HISTODY	PAST/CURRENT EMPLOYER:	
	TASI/CURRENT EMI LOTER.	
		_
CITT, STATE, ZII CODE		
NAME:		_
POSITION:		_
ADDRESS:		
CITY STATE ZIP CODE:		

EDUCATION HISTORY:

HIGH SCHOOL	J:		
	NAME	LOCATION	YR.GRAD.
LIST BUSINES	S, TRADE/TECH	HNICAL SCHOOL OR ARMED	FORCES TRAINING:
L IOT EDITO TO	ION AWARDS I	DEGENTED.	
	ION AWARDS F	RECEIVED:	
LIST PARTICIE	PATION OR LEA	ADERSHIP IN ASID OR OTHER	R ORGANIZATIONS:
	T, PRESENT OR	IVING ANY FINANCIAL ASSI FUTURE EMPLOYER, SCHOI	
DID YOU COM ASSISTANCE?		AND RECEIVE APPROVAL FO	OR ANY FEDERAL

COMPLETE THE FOLLOWING WORKSHEET WITH ESTIMATES FOR SEPTEMBER 1, $2016\,\mathrm{THROUGH}$ AUGUST 31, 2017

INCOME	
Employment earnings:	\$
Scholarships, Grants:	\$
Loans:	\$
Savings/Investments:	\$
Spouse earnings:	\$
Other?: (include parental support here)	\$
Total	\$
EXPENSES	
Tuition, fees, books and program supplies:	\$
Room & Board	\$
Food, Utilities, Clothing	\$
Medical/Dental	\$
Transportation (gas, insurance, car pay)	\$
Other:	\$
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Please read carefully:

The information provided on this ASID Missouri West Kansas Chapter Interior Design Scholarship application is true and correct.

I have read, understand and agree to abide by the terms of the award offered. I hereby authorize the ASID Missouri West Kansas Chapter to transfer Scholarship funds awarded to pay towards tuition, fees and books as applicable.

Signature:
Date:
I hereby authorize the Treasurer of the ASID Missouri West Kansas Chapter to release information regarding my Scholarship to the School I am attending and to Scholarship donors.
Signature:
Date:
Return application and required information to name and address listed on front of application cover.
Thank you!
ASID Missouri West Kansas Chapter