

2024 Graham Erskine Memorial Scholarship Application

For Award for Use in Academic Year 2024-2025

Refer to Scholarship Announcement for eligibility requirements.

Full N	Jama				
rum r	Last		First	Middle	
North	ern Nevada Address				
		Street			
		City/Zip			
		Phone / Em	ail		
I.	Scholastic				
Schoo	ol Presently Attending:				
Antic	ipated Graduation Date:			<u> </u>	
	nlative Grade Point Averag script must be attached)	e:			
Schol	astic awards or achievement	nts:			
II.	Accomplishments &	z Goals			
A.	List any community ser	rvice you have b	een involved in:		
B.	List any non-academic	awards you hav	e received:		

C.	List any extra-curricular activities you have been involved in, jobs you have held and/or any special areas of interest:
D.	Provide an example of a recently completed student design project. Explain your design intent and your solution to the problem if not included in the example. Include graphic layouts or images of your solution as an attachment to this application. 8 ½" x 11" format please.
E.	What are your plans for completing your professional architectural education?
F.	How do you plan to use your architectural education (i.e., "Why do you want to be an architect?"):
G.	What area of the country do you see yourself working in after graduation?

Se	Pertaining to Principal Wa	Parent(s)G	uardian		
Name (if different from	above)				
Home Address					
Total number of persons	dependent on principal wage e	earner (including children)			
IV. Estimated Bu					
	024-2025, estimate your expen	ses based on two (2) semesters and a 35-v	week year. Round		
INCOME		EXPE	EXPENSES		
Aid from family	\$	Tuition & Fees	\$		
Summer Earnings	\$	Books & Materials	\$		
Personal Savings	\$	Room & Board	\$		
School Term Employment Earnings	\$	Misc. Personal & Incidental Expenses (Include expenses for	\$		
Assured Scholarships	\$	such costs as clothing, Laundry, transportation,			
Loans	\$	and entertainment and Recreation)			
TOTAL INCOME	\$	TOTAL EXPENSES	\$		
NET DEFICIT FOR	ACADEMIC YEAR 2024	- 2025	\$		
Describe any special nee	eds, burdens or expenses:				

V. Letters of Support

Provide a minimum of three letters of support from someone familiar with you and your accomplishments. At least two of the letters shall be from current faculty members familiar with your scholastic work.

Last Name		

VI. APPLICANT'S CERTIFICATION

I have read the accompanying Graham Erskine Scholarship eligibility requirements and certify that the information contained in my application is complete and correct to the best of my knowledge.

Signati	ıre of Applicant		Date
VII.	SUBMITTAL CHECK	LIST	
	Signed Scholarship Applica	ation	
	Scholarship Award Informa	ation	
	Copy of educational transcr	ipt	
	Three letters of support (Tv	vo letters shall be from Faculty Members)	
	Example of student design	work	
VIII.	SCHOLARSHIP AWA	RD INFORMATION	
Applic	cant Name:		
Colleg	ge:		
Addre	ss for Bursars Office		
	-		
	-		
Bursaı	's Account Number		
	(Typically student ID or SSN)		
	ward will be bestowed after s r, and email for notification:	school is out, please be sure to include a permanent home address,	phone
Addre	ss:		
Phone:			
Email:			