

**SOCIETY OF PETROLEUM ENGINEERS
CHILDREN OF THE EVANGELINE SECTION MEMBERSHIP
SCHOLARSHIP APPLICATION**

Student's Name _____ Date of Birth _____
Last First MI

Mailing Address _____ Phone _____

City _____ State _____ Zip _____ SS# _____

E-Mail Address: _____

Parent's Name _____ Parent's SPE Member # _____

University Attending _____

Major _____ Degree Pursuing _____

Entering Freshman: High School GPA ____ / ____ Composite ACT or SAT Score _____

High School Name _____ City _____ St. _____

Continuing College Students: Cumulative GPA ____ / ____ Prior Semester GPA ____ / ____

Undergraduate Hours Completed _____ Graduate Hours Completed _____

Extracurricular Activities & Interests _____

Employment Record: (include summer, part, & full-time employment)

Name of Business	City & State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer the following questions on a separate page using no more than 250 words per question.

1. What are your goals for college and eventual career?
2. How would this scholarship benefit you?

Please return this completed application with a certified college transcript (high school transcript and ACT or SAT scores for entering freshman) to:

Scholarship Committee Chairman
 Children of the Evangeline Section Membership Scholarship
 SPE Evangeline Section
 P.O. Box 52356
 Lafayette, LA 70505-2356

Applicant's Signature _____ Date _____