

SAE DETROIT SECTION SCHOLARSHIP RENEWAL FORM
Information must be typed and submitted along with an official transcript by June 30.

PERSONAL INFORMATION				
Last Name		First Name		Middle Name
Permanent Home Address				Home Phone
City	State	Country	ZIP+4 / Postal Code	Home E-mail
School Address				School Phone
City	State	Country	ZIP+4 / Postal Code	School E-mail
Year of college you have just completed <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior				
EDUCATION INFORMATION (Include an official transcript)				
University Name		Expected month/year of graduation		Current GPA
What major have you declared?		Is this major different than your original selection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Scholarship check should be made payable and mailed to:				
Contact Name		Department/Office		Telephone Number
Street Address			Fax Number	
City	State	Country	ZIP+4 / Postal Code	
Email address			Your School ID # (or Social Security #)	
OTHER INFORMATION				
Have you become active within the SAE Collegiate Chapter on campus (where one exists)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, would you like to receive contact information for the SAE Faculty Advisor on campus?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature			Date	

Must be postmarked or emailed by June 30.

Submit:

- Completed Application
- Official Transcript
- Summary as to how the scholarship has impacted your experience

By Email: scholarships@sae-detroit.org

Phone: (248) 324-4445