

**American Institute of Building Design
Annette Farmer Memorial
Scholarship Application**

June 30 is the cutoff date for accepting applications (each year)

The scholarships are provided for AIBD Student Member in good standing who are majoring in architecture, building design, or a similarly design-oriented curriculum, at a community college, 4- or 5-year college or university.

Please complete all sections and return to:

(USPS) AIBD College of Fellows
 c/o American Institute of Building Design
 725 N A1A, Suite E-108
 Jupiter, FL 33477
(Fax) (Toll Free) 866-204-0293 (Local) 202-591-2469
(E-mail) info@AIBD.org

1. Name (last, first, middle): _____
School address: _____
School phone #: _____
Permanent address: _____
Permanent phone #: _____
Your e-mail address: _____
Parent or legal guardian's name: _____ Relationship: _____
Address if different from above: _____
Date of birth: _____ Marital status: _____
Spouse's name: _____ Spouse's annual income: _____
Number of dependents other than spouse: _____
Father's occupation: _____ Approx. annual income: _____
Mother's occupation: _____ Approx. annual income: _____
Brothers and sisters in family older than you _____ younger than you: _____

Education: Give name of schools attended:

Secondary schools	Attended: from - to	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community college or college (state present class status):

2. Scholastic:

Hours earned: _____

Current Grade Point Average (GPA; 4 point scale): _____

Overall Grade Point Average (GPA; 4 point scale): _____

Expected Graduation Date: _____

3. Work Experience (provide name of company and experience), if applicable.

List below summer/intern work experience or other part-time work explaining briefly duties and responsibilities:

From: _____ To: _____ Year: _____

Employer's name: _____

Address (street, city, state, zip): _____

Job duties: _____

From: _____ To: _____ Year: _____

Employer's name: _____

Address: _____

Job duties: _____

4. List interests, organizations and offices held:

A: _____

B. Other: _____

5. Financial information (for this academic year):

Estimated yearly college costs: \$ _____

How are you currently paying for your college education? _____

Describe briefly in annual dollar amounts:

Family: \$ _____

Summer work: \$ _____

Part-time work: \$ _____

Savings: \$ _____

Loans (specify type): \$ _____

G.I. Bill (amount): \$ _____

Other scholarships (specify amount/type): \$ _____

If you will require financial aid to complete your education, please explain: _____

6. Attach a copy of your resume to this form.

7. References: (provide name, address, phone number, and type work they do)

8. In the space below, list any other information that you feel is important for consideration for this scholarship.