CEC/ICMC 2017



# Cryogenic Engineering Conference & International Cryogenic Materials Conference

July 9 – July 13, 2017 ◆ Madison, Wisconsin, USA

**APPLICATION FORM – Donna Jung Memorial Scholarship Award**

|  |  |
| --- | --- |
| **Full Legal Name:** |  |
| **Date of Birth:** |  |
| **Reply Address:** | |
| **Address:** |  |
| **Suite/Apt.(optional):** |  |
| **City:** |  |
| **State/Province:** |  |
| **Country:** |  |
| **Postal Code:** |  |
| **Permanent Address (only complete if different from Reply Address):** | |
| **Address(optional):** |  |
| **Suite/Apt.(optional):** |  |
| **City(optional):** |  |
| **State/Province(optional):** |  |
| **Country(optional):** |  |
| **Postal Code(optional):** |  |

|  |  |
| --- | --- |
| **Contact Information:** | |
| **Daytime Phone:** |  |
| **Evening Phone:** |  |
| **Fax(optional):** |  |
| **Email:** |  |
| **City of Birth:** |  |
| **State of Birth:** |  |
| **Country of Birth:** |  |
| **I am a Citizen of:** |  |
| **List of all colleges and universities attended, major field, dates of attendance, and actual name of the degrees received or expected. List most recent first. Please add additional one at the end of the page.** | |
| **College/University 1:** | |
| **College/University Name:** |  |
| **Location:** |  |
| **Major Field:** |  |
| **Dates Attended:** |  |
| **Name of Degree/Diploma:** |  |
| **Date Degree Awarded/Expected:** |  |
| **Names of persons who you are listing as your references (minimum 2)** | |
| **Reference 1:** | |
| **Name:** |  |
| **Title:** |  |
| **Institution/Company:** |  |
| **Email:** |  |
| **Reference 2:** | |
| **Name:** |  |
| **Title:** |  |
| **Institution/Company:** |  |
| **Email:** |  |
| **Name and contact information of potential/current advisor under which the scholarship is expected to be executed:** | |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Suite/Apt.(optional):** |  |
| **City:** |  |
| **State/Province:** |  |
| **Country:** |  |
| **Postal Code:** |  |
| **Daytime Phone:** |  |
| **Email:** |  |
| **Proposed Research** | |
| Please provide a description of the type of research that you intend to do while supported by this scholarship: |  |

|  |  |
| --- | --- |
| **Professional Experience (including summer and term time work)** | |
| **Employer 1:** | |
| Employer(optional): |  |
| Title(optional): |  |
| Nature of work(optional): |  |
| Responsibilities and Accomplishments(optional): |  |
|  | |
| **Other Experience (including military and voluntary work)** | |
| Give names of employers, dates**, and nature** of work: |  |
| **Other Relevant Information** | |
| Your Honors, Prizes, and Major Publications: |  |
| Extracurricular Activities and Accomplishments: |  |
|  | |

**Additional Universities / College information and References**

|  |  |
| --- | --- |
| Additional Colleges / Universities / References |  |