

ASPI ENGINEER OF THE FUTURE SCHOLARSHIP INFORMATION AND APPLICATION

The Association of Suppliers to the Paper Industry (ASPI), founded in 1933, is a collective of companies that supply equipment, products, and services to the manufacturers of pulp & paper products. The purpose of the ASPI Engineer of the Future Scholarship Program is to recognize academic excellence, increase awareness and participation in the association, and to attract talented individuals to the industry segments that ASPI serves.

If you are pursuing an education in the paper and related industries, then ASPI has a scholarship for which you can qualify. This scholarship can help to open a window of opportunity for you to achieve your personal, educational, and professional goals.

ASPI's goal is to create a competitive advantage for its member companies. Through educational programming, industry advocacy, and networking, ASPI enables its members to provide unique benefits to their paper industry customers.

We encourage you to take advantage of the ASPI scholarship and to apply for which you may qualify. And we wish you well as you pursue your goals within the increasingly important and challenging fields of today's paper and related industries.

Please forward completed scholarship application to:
ASPI
15 Technology Parkway South Peachtree
Corners, GA 30092 USA
Telephone: + 1 770-209-7521

Email: info@ASPI.org

NOTE: When submitting hard copy applications, do NOT print on both sides of the paper.

SCHOLARSHIP CHECKLIST

MUST be submitted along with the General Information Form

Applicant's Name and contact	
information:	
College/University Name:	
 Please check here acknowledging the following items have been submitted: Comp ASPI Scholarship General Information Form (all pages, including this Checklist) Official transcript Resume 	pleted
 Please check here acknowledging the following eligibility requirements have been. Enrolled at a college or university in an engineering or science program, or a full-time or a full-time participant in a cooperative work-study program recognized and suppose the educational institution. Ability to demonstrate an interest in the industry or a particular segment of the industried. 	me studen
<u>Purpose</u> : To encourage talented science and engineering students to pursue careers in the paper indust to utilize their talents in advancing the science and technology of papermaking.	try and
Scholarships offered: One or more scholarships each worth at least \$1,000 a year.	
Special requirements:	

<u>Special requirements:</u>

- Applicant must be a sophomore, junior, or senior in the fall of the year of application
- Applicant must be able to show a significant interest in the paper industry.

CONTINUE TO NEXT THREE PAGES TO COMPLETE THE GENERAL INFORMATION FORM

ASPI SCHOLARSHIP

$GENERAL\ INFORMATION\ FORM-Page\ 1\ of\ 3$

Send to: ASPI - 15 Technology Parkway South – Peachtree Corners, GA -30092 USA Telephone: +1 (770) 209-7521 Email: $\underline{info@ASPI.org}$

Date of Anticipated Graduation	on:			
Class status as of September f	_		ase check the o	ne that applies to you):
Grade Point Average: Ove	erall Out of	a possible		
Please attach a resume and permissible to scan the l	-		·	

$GENERAL\ INFORMATION\ FORM-Page\ 2\ of\ 3$

Major Course of Study:
List college activities, including leadership roles (clubs, fraternities/sororities, or service organizations and list offices held):
Additional activities, hobbies, and areas of interest:
What person or persons have influenced you most deeply and why?
What single achievement in your life gives you the most pride?
What attracts you to a career in the paper industry that ASPI serves?

GENERAL INFORMATION FORM – Page 2 of 3

Tell us something you are passional	te about.				
How could this scholarship help you	u and your family	??			
Do you have a connection to a ASPI If yes, please provide the name and		☐ Yes	□ No		
Do you have any relevant employmer	ıt experience?	☐ Yes	□ No		
If Yes, Please make sure this is inclures resume: name and contact of employer: Employer N Address:	t information				
City:	State/Province:				
Postal Code:	Country:				
Phone:	Email:				
Would you be willing to have a zoom	call with the selec	tion committee?	☐ Yes	□ No	
I hereby acknowled	ge that the inforn	nation submitted	is true and c	orrect.	
	Name of App	olicant			