

Professor Charlie Steele Memorial Fund Award

For Masters and Doctoral Degree International Students in Computer Science, Electrical and Computer Engineering and Mathematical Sciences

APPLICATION FORM

Personal Data

Name: _____ Major _____ Degree Prgm _____

Address: _____

Telephone: _____

Email address: _____

Citizenship status: Non-resident foreign national () Other ()

Social Security Number or Student ID Number: _____

Education

College	Dates of Attendance	Degree	Major field/ GPA	Comments

Endorser: (name, phone and address)

1. _____

2. _____

Submit the Completed Application Package (Application Form, essay, two endorsement letters and **resume**):

Professor Charlie Steel Memorial Fund Award
c/o CACT, FA 203
UMASS LOWELL
1 University Ave
Lowell, MA 01854

Professor Charlie Steele Memorial Fund Award

Essay Form

Type a brief essay discussing your professional goals and explaining how your education would be enhanced by the award. Please outline degree and professional plans and scholarly accomplishments. Applicants are advised that evaluation of your application shall be based in part on content and composition of this essay.

I give University of Massachusetts Lowell permission to release this information if required.

I give University of Massachusetts Lowell permission to publicize my award should I be a recipient.

I understand that if I receive this award, I must be enrolled as a full-time student for the duration of the award period.

I certify that the information provided on this application is complete and accurate.

Signature of Applicant /Date

**Professor Charlie Steele Memorial Fund Award
Recommendation Letter (Non-Confidential)**

Name of Applicant _____

SS# or ID _____

1. How long have you known the applicant and under what circumstances?

2. Why do you recommend the applicant for a scholarship? What qualities, personal characteristics, and interests does the applicant possess which make her/him outstanding among other students?

Signature _____

Date _____

Name _____

Title _____

School _____

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