

# AMERICAN ASSOCIATION OF RAILROAD SUPERINTENDENTS

## Application for the **FRANK RICHTER AARS SCHOLARSHIP PROGRAM**

*Please type or print the following information, attaching an additional sheet if more space is needed.*

### A. BACKGROUND

NAME \_\_\_\_\_

*Last*

*First*

*Middle*

HOME ADDRESS \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

*Home Telephone Number*

*E. Mail Address*

MARRIED: Yes \_\_\_\_ No \_\_\_\_ If married, give spouse's name \_\_\_\_\_

List names and ages of dependent children and names and relationships of other persons for whom you provide support.

\_\_\_\_\_

\_\_\_\_\_

*What sources of income, including scholarships, will you have while attending college?*

\_\_\_\_\_

### B. EDUCATION

Present College or University:

\_\_\_\_\_

*Name*

*Location (City & State)*

*Major Course of Study*

*Credited Hours Earned to Date*

*Accumulated Grade Point Average*

Other Colleges or Universities attended:

\_\_\_\_\_

*Name*

*Location (City & State)*

*Dates of Attendance*

*Major Course of Study*

*Degree if any*

*Accumulated Grade Point Average*

List any other schools attended, e.g., vocational or industrial schools, including dates of attendance and subjects completed:

\_\_\_\_\_

If different from your present college or university as listed above, provide the name and address of the college or university where you will be enrolled while finishing your degree program and using this scholarship:

\_\_\_\_\_

*Name*

*Location (City & State)*

### C. WORK EXPERIENCE *(Most Recent First)*

**Employer's Name:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Period of Employment:** \_\_\_\_\_ **To** \_\_\_\_\_

**Title of Position & Description of Duties:** \_\_\_\_\_

\_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Period of Employment:** \_\_\_\_\_ **To** \_\_\_\_\_

**Title of Position & Description of Duties:** \_\_\_\_\_

\_\_\_\_\_

*May we contact your employers for information? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Do you intend to work for your present employer after completion of your studies? Yes \_\_\_\_\_ No \_\_\_\_\_*

### D. SIGNIFICANT ACTIVITIES AND HONORS

*List professional societies, civic organizations, sports, important committees or other significant organizations or activities in which you participate.*

\_\_\_\_\_

\_\_\_\_\_

*List honors or special awards in recognition of your professional or community activities:*

\_\_\_\_\_

\_\_\_\_\_

### E. NARRATIVE REQUIREMENTS

*Prepare a narrative, not exceeding 1,350 words, on a separate double spaced typewritten sheet with your name at the top. In your narrative include the following:*

- 1. A brief description of your present and any future study program;*
- 2. Any research projects or school activities in which you are now or have been involved;*
- 3. Post-graduate plans;*
- 4. Why you feel you are deserving of this scholarship;*
- 5. Your professional goals and aspirations after graduation;*
- 6. A brief discussion of your interest in transportation; and*
- 7. Any other pertinent information you feel important to your application.*

## F. REFERENCES AND LETTERS OF RECOMMENDATION

Provide the names and addresses of two references who will write letters of recommendation for you. Include one faculty member at the school in which you are currently enrolled and another reference of your own choosing. The latter may include a faculty member, your department head, current or former employer, **AARS** member, or other responsible person. It is your responsibility to obtain the references and request that they submit their letters directly to the Association postmarked no later than June 1st.

### REFERENCE NO. 1

Name	Title	Company	
Office Address	City	State	Zip Code
Phone Number: (     ) _____		Email: _____	

### REFERENCE NO. 2

Name	Title	Company	
Office Address	City	State	Zip Code
Phone Number: (     ) _____		Email: _____	

## G. FINANCIAL AID REFERENCE

Provide the following information about the Financial Aid Office at the school you will be attending:

Financial Aid Office Address _____	
Phone Number _____	Name of Contact _____
I hereby certify that all statements contained in this application are correct and, if selected, I agree to utilize the monies for the purpose stated:	
Signature of Applicant: _____	Date: _____

MAIL APPLICATION, NARRATIVE, TRANSCRIPTS AND RECOMMENDATIONS TO THE PRESIDENT OF THE AMERICAN ASSOCIATION OF RAILROAD SUPERINTENDENTS, P.O. BOX 200, LA FOX, IL 60147