**AWARD APPLICATION FORM**

The ASCE Foundation provides awards to individuals to assist with the costs of participation in technical and professional activities approved by the ASCE Foundation and which will enhance their career in civil engineering. The activities are mainly, but not limited to, conferences, symposia, and workshops related to civil engineering.

Applicants should first read the Information for Applicants.

The following application form should be completed in full and emailed to [student@asce.org](mailto:student@asce.org) on or before the next deadline. A scan of pages with signatures is required. Deadline dates for applications are:

1 August

1 October

1 May

**Applications submitted for a panel review deadline that is less than within 8 weeks of an event will not be considered. No applications will be considered post-event.**

**Section 1: Your details**

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| --- | --- |
| **First name of applicant:** | **Last name:** |
| **Telephone number:** | **Email address:** |
| **Are you a member of ASCE? What is your membership number?:** | **Country of residence:** |
| **Name of School or University:** | **Anticipated Graduation Date:** |
| **Have you ever previously applied for funding from the ASCE Foundation? If so, please give relevant details (date, amount requested, etc), and whether your application was successful or not.** | |

**Section 2: Event details**

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| **Event/activity for which financial assistance is sought:** |
| **Date, location, and duration of event:** |
| **Will you be making a technical presentation at the event? Please describe: (300-word limit)** |
| **Please comment on how attendance at this event will contribute to your future professional career and development (200-word limit):** |
| **Statement on why you are requesting financial assistance from the ASCE Foundation: (200-word limit)** |

**Section 3: Financial details**

Please note that applicants are expected to demonstrate cost-sharing and that normally the ASCE Foundation provides only partial financial support of the costs to be incurred. Please indicate how any shortfall in funding could be resolved.

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| **Please provide a breakdown of costs including registration fees, travel, accommodations, and incidental expenses for your participation in the event: Please provide a breakdown of cost. We need a final figure in US Dollars. It may be that your costs are initially in different currencies, in which case please give the value and the currency (please see example in red in the table below)**   |  |  |  |  | | --- | --- | --- | --- | |  | **Value and currency** | **Exchange rate** | **US Dollars** | | *Example: Registration* | *500.00 EUR* | *1.11* | *555.00* | | Registration Fees |  |  |  | | Accommodation |  |  |  | | Travel |  |  |  | | Visa application |  |  |  | | Subsistence |  |  |  | | Other costs (please specify) |  |  |  | |  |  |  |  | |  |  |  |  | | **TOTAL** |  |  |  | |
| **Please provide details of other sources of funding applied for (examples might include host educational institution, employer, ASCE entity, alumni organizations, other trusts or Foundations):** |
| **Please provide details of other sources of funding obtained:** |
| **Please indicate amount of award sought from the ASCE Foundation:** |

**Section 4: Declaration**

If my application for an award from the ASCE Foundation is successful, I agree to provide a report of approximately 500 words including images (maximum 2) for inclusion on the ASCE website and in the ASCE Magazine for publicity purposes. This report will be delivered within 6 weeks of the event attended. I also agree to acknowledge my successful application for an award in presentations made at the event attended, and to allow my image and testimonial to be used to raise funds for the Foundation’s StAR Fund and further promote the program. The award will be used by me for my personal expenses as indicated in this application.

Name:

Signature: Date:

**Section 5: Statement of support**

Please ask your faculty advisor, practitioner advisor, or president of your ASCE Institute, Region, Section, or Branch to complete the following section:

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| --- | --- |
| Your name: |  |
| Your organization: |  |
| Your position: |  |
| Your relationship to the applicant: |  |
| Your contact details (telephone and email) |  |
| Please provide a statement of support outlining BOTH the value to your organisation and benefit to the applicant attending the event specified in Section 2:  (200 word limit) | |
| Has the applicant applied for other funding? Please provide details. | |
| Is your organization able to provide financial assistance? Please provide details. | |
| Signature and date |  |