



# SAE Scholarship Recipient Profile

Scholarship Name	
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## Recipient information

Last Name	
First Name	
Middle Initial	
Home Address	
City	
State / Province	
Zip / Postal Code	
Country	
Cell Phone	
Home Phone	
Primary Email	
College Email	
U.S. Resident	

## Information for the university you will be attending

Anticipated Major	
Expected Graduation - Month/Year	

Department Chair	Name	
	Phone	
	Email	

Dean, College of Engineering	Name	
	Phone	
	Email	



**Where to send your scholarship funds: Financial Aid / Bursar / Admissions**

University Name	
Department Name	
Attn:	
Mailing Address	
City	
State / Province	
Zip / Postal Code	
Country	
Phone	
Email	
Student ID Number (or SSN)	

**Final Step**

In completing and submitting this form, I understand that I must remain in compliance with the eligibility and renewal criteria (if renewable) for this scholarship as outlined in my notification letter. Noncompliance will result in the forfeiture of this scholarship.

Printed Name	
Signature	
Date of scholarship acceptance	

**Submit a photograph of yourself (at least 300 dpi) in either .JPG or .TIF format (May be used in online announcements for scholarship recipients.)**

**Return completed form and photograph to:**

Email: [scholarships@sae.org](mailto:scholarships@sae.org)

Mail: SAE Scholarships Program  
400 Commonwealth Drive  
Warrendale, PA 15096 USA