



## JOHN KAMINSKI MEMORIAL SCHOLARSHIP APPLICATION

Please provide the following information:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

High School or College Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Pennsylvania Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Names of Colleges Applied to: \_\_\_\_\_ Major: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

The applicant must have applied to at least one engineering or science program related to mining.



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Please provide the following information:

### TEST SCORES

Each applicant must meet both of the minimum requirements for one of the following tests. Below, post test scores from your transcript or other enclosed documentation. Do not mix scores from different dates.

TEST NAME	SAT MATH	SAT VERBAL	ACT MATH	ACT ENGLISH	GPA
YOUR SCORE					
MINIMUM SCORE	550	550	24	24	3.0

### Employment Record

### Extracurricular Activities

Where did you hear about the Pennsylvania Anthracite Section AIME scholarship program?

Counselor \_\_\_ Newspaper \_\_\_ Website: \_\_\_ Facebook \_\_\_ Other \_\_\_\_\_

Using an attached separate sheet of paper, briefly explain why you think you should be considered for the Pennsylvania Anthracite Section SME/AIME Scholarship.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



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### APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting nonfactual information will automatically disqualify me from consideration for a scholarship.

By submitting this application, I authorize my high school principal or counselor to make available to the Pennsylvania –Anthracite Section AIME information concerning my academic records.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### COUNSELOR'S OR PRINCIPAL'S CERTIFICATION

I hereby certify that the academic information as submitted on this application is correct, that to the best of my knowledge applications have been submitted by the candidate to the schools listed, and that the applicant meets all eligibility requirements as outlined herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

High School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

PRINCIPAL/ COUNSELOR – Please remit completed certification under separate cover to:

Pennsylvania-Anthracite Section SME/AIME  
C/O Mr. John R. Ackerman, PE, PG, BCEE, F.NSPE, F.ASCE  
Chairman, Scholarship Committee  
820 Evans Street  
Hazle Township, PA 18201