

This application must be filled out completely. All information is required for scholarship consideration. Applicant to save form as Last Name\_First Name and submit the completed application materials by the school's stated deadline.

Applicant Information								
Full	Prefix	First name	Middle name	Last name				
Name:								
Informal fi	rst name		Telephone:					
Email-School			Alternate <b>/</b> Home Email:					
Current De program na	0							
	full r	name of degree program						
		Undergraduate	Year in current program :					
		Graduate	As of this spring seriester					
Will you	u graduate	under your current	degree program <b>before</b> the beginning c Fall seme					
Applicant	t's School	- must be currently er	rolled and plan to return to same school	in the upcoming fall semester:				
Select	school fro do	om drop own list:						
		, and the second s						
PORTFOL	10							
Submitt	ed	YES						
Scholarsh	nip Informa	tion						
List primar	ry scholars	hip consideration for	the applicant					
Primary co Scholarship		n.						
Secondary								
any. Schola	arship Name	e						
Schools a	re to subm	it application materia	ls from qualified students to:					
		s Architectural Fo	undation					
		Chicon Street in,Texas 78702						
		dation@texasarch	itects.org					

texasarchitects.org tel 512 478 7386

fax 512 478 0528

Texas Architectural Foundation is an affiliated organization of the Texas Society of Architects | AIA

Entered

For the 2021-2022 Academic Year

Applicant's Name

Academic Information					
Current GPA/ GPR Cumulative	GPA in Major	Grades as of (month/year):			
Total Hours completed towards current degree:	Hours Completed in Major	Current Semester: Hours Enrolled:			
Current Design Studio, or last Studio Name		Next Design Studio name			
Your Degree Plan Fall 2021					
Program Year / Classification in Fall 2021 Semester:		Expected Graduation Mo/Year:			
Note specialized studies, certificates, study or work away / study abroad programs (semester/year):					
Degree Prog <u>if Different</u> for Spring 2022 Semester					
Architectural Experience Program (AXP)	Have you established an NCA	RB Record? Yes I plan to establish an NCARB Reco	ord		
Degrees /or Hours Completed - Include degree	ees received from current schoo	1			
School/Major					
Dates Mo/Yr	Degree Mo/Yr				
School/Major					
Dates Mo/Yr	Degree/ Mo/Yr				
Residential Information					
U.S. Citizen? Yes No	, Your Country of Citizenship				
list the Texas Counties that they serve.		ome Texas AIA Chapter or State specific scholarships. The AIA Chapt	ters		
Address		City			
State	County	Zip code			
High School		City			
State	County (school located)				
Other relevant hometown / residence information (optional):					
Mailing address if different from above:					
Address		City			
State		Zip County			

2021–2022 Academic Year

Applicant's Name

Please answer the following.

#### **Financial Assistance**

Currently paying non-resident tuition? No Yes

Describe circumstances as they relate to need for financial assistance. Sources of financial support; other financial responsibilities, etc.

## Work Experience

Describe your work experience, including experience related to your discipline. Note the names and cities of your employers.

May paste information into this form where applicable. Reduce type size, format to fit. Do not double space.

2021-2022 Academic Year

## Applicant's Name

### Architecture Interests

### Please answer BOTH questions:

May paste information into this form that is formatted to fit .

1. What principal area(s) or practice categories within the discipline of architecture in which you are most interested, excel, or desire to develop your proficiency?

2. Please comment on your architecture career plans, short/long-range goals, vision, or any other pertinent information that you would like those evaluating this application to consider. What are you passionate about?

2021-2022 Academic Year

Applicant's Name

## Extracurricular/Volunteer Activities

Note extracurricular activities on or off campus, volunteer activities, organizations/associations to which you belong (AIAS for example), etc., include any offices held.

## Honors/Awards

List honors, awards, and any other recognitions received; note special achievements, accomplishments.

(If the box below does not show your text, click out of section then back.)

TAF Texas Architectural Foundation

Please save your completed application form using **Save Form As: your Last name\_First name\_UTA.** 

#### Agreement

Applicant must sign and date this application form below.

#### Confirmation

I understand that the information requested in this application is to determine the applicant's qualifications, and that it is reserved for confidential use by the Universities and the Texas Architectural Foundation (as may be applicable). Applicant's personal information is not released to the public. Scholarship name and recipient name may be published on our website or in T*exas Architect* magazine. The Foundation may provide limited information to the scholarship donor and may contact recipients. I release it for that purpose.

#### Certification

I further certify that the information supplied in this application is accurate, and I understand that making inaccurate or false statements could disqualify my application. If a scholarship is awarded to me, I promise to use the grant for the continuation of my architectural education at the University from which I am applying, and to comply with requirements of the grant (reports, etc.)

#### **Completing the Scholarship Application**

Of the several scholarships that may be considered with respect to this application, each usually has its own criteria. Some scholarships list either financial need or scholastic standing as the most important consideration. Some may have other or additional criteria, such as hometown of student.

It is important that all questions are answered with some thought and clarity. The Foundation selection committee is comprised of practicing architects — you must convey your qualifications, desire, and passion in written comments. Questions are open-ended so that you may express your unique qualities and circum-stances.

I have read, understand, and complied with the information, instructions and certification contained in and associated with this scholarship application. I further certify to the best of my knowledge, information, and belief that this application is a complete and accurate representation of my financial need, scholastic standing, and other personal information and career objectives.

Applicant's Full Name:

Applicant's Signature-insert above or type here:

\*Signature and date is required. A typed name is acceptable as an electronic signature.

## DEMOGRAPHICS

The Texas Architectural Foundation offers scholarships that may specify some demographic information as part of the criteria for awarding. We value diversity and the information provided remains confidential. When reported, data will not identify any specific individuals.

Please enter information or check the appropriate box for the following:

Gender:										
Military Service if applies:	Yes Veteran		Yes Current Active Duty or Reserves							
<b>Ethnicity</b> Are you Hispanic or Latino?	No	Yes								

A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

#### Please select the category or categories with which you most closely identify.

\_\_\_\_ African American or Black: A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.

\_\_\_\_\_ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.

\_\_\_\_ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

\_\_\_\_\_ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Date: