



UNIVERSITY OF THE PACIFIC
ENGINEERING INDUSTRY FELLOWSHIP PROGRAM
SCHOOL OF ENGINEERING AND COMPUTER SCIENCE

PERSONAL DATA

SOCIAL SECURITY NUMBER: _____ JUNIOR COLLEGE TRANSFER: _____ APPLYING FOR: _____
LEGAL NAME: _____ GENDER: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE AT MAILING ADDRESS: _____ E-MAIL ADDRESS: _____
PERMANENT ADDRESS IF DIFFERENT: _____
PHONE AT PERMANENT ADDRESS: _____

BACKGROUND

OPTIONAL INFORMATION

BIRTH DATE (MONTH/DAY/YEAR): _____ UNITED STATES CITIZEN: _____
ETHNICITY: _____ OTHER: _____
HAVE YOU EVER APPLIED OR DO YOU PLAN TO APPLY FOR COLLEGE FINANCIAL AID? _____

MAJOR

(OR ACADEMIC INTEREST)

PLEASE SELECT YOUR ACADEMIC INTEREST:

EDUCATIONAL DATA

LAST SCHOOL ATTENDED: _____ CITY/STATE: _____
ATTENDANCE DATES (FROM-TO): _____
VERBAL SAT SCORE: _____ MATH SAT SCORE: _____ ACT SCORE: _____

FRESHMAN AND TRANSFERS

HIGH SCHOOL GPA: _____
COMMUNITY COLLEGE GPA: _____

I AUTHORIZE THE UNIVERSITY OF THE PACIFIC SCHOOL OF ENGINEERING AND COMPUTER SCIENCE TO PROVIDE PROSPECTIVE EMPLOYERS WITH COPIES OF MY ACADEMIC FILE FOR THE PURPOSE OF SEEKING EMPLOYMENT. I ACKNOWLEDGE THAT MY ADMISSIONS ESSAY WILL BE USED AS PART OF THE APPLICATION PACKET. I ALSO UNDERSTAND THAT I MUST ENROLL IN UOP TO RECEIVE THIS SCHOLARSHIP, AND THAT THE UNIVERSITY MUST HAVE AN APPLICATION FOR ADMISSION ON FILE BEFORE NETWORKING WILL BEGIN WITH POTENTIAL CORPORATE SPONSORS. BY EMAILING THIS DOCUMENT I ACKNOWLEDGE THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.