APPLIED IPM ECOLOGISTS FOUNDATION (AIEF) SCHOLARSHIP APPLICATION

Date:	_ Name:			
Permanent Addre				
Street:				
City:		State:		Zip:
Campus/Mailing A				
Citv:		State:		Zip:
Email address:				r
Home phone:		Cell:		
Current Status College/University:				
City:		State:		Zip:
Entering transfer s				
If yes, transferring	from:			Are you No
				Semester hours
attained by end of				
Anticipated Degree		G.P.A		
Anticipated Degree	d Collogoo:	Gr	aduation Da	ate:
Previously Attende	d Colleges			
Percentage of colle	ege expenses	you are responsib	le for:	
Do you have any fa	•	s on the AIEF Boa	rd or AAIE	Board?
If yes, please provi	de names:			
Have you received If yes, please list th \$ from				
Please list any other have taken and/or IPM, crop production of your participation	participated in on or crop prot	that contribute to ection. Include gra	your knowle ades or eva	

Employer	Job Title & Duties	Dates
	experience (including volunteer value and crop protection or not. Begin	
Please list any comm	unity service in which you have p	participated:
production/ protection	d/or positions of responsibility you related organizations and descr include committees and chairs yo	ibe what you have learned
Please list awards an	d honors you have received in hi	gh school and college.

Mail to: AIEF Foundation Association of Applied IPM Ecologists

P.O. Box 1119

Coarsegold CA 93614 Phone: 559-761-1064

OR Email to director@aaie.net