

**NATIONAL SCIENCE FOUNDATION (NSF) SCHOLARSHIP FOR SERVICE APPLICATION FORM**  
**University of California, Irvine**

Current information regarding program benefits, eligibility and the application process can be found at <http://sconce.ics.uci.edu/sfs/>

Last Name:		First Name:		Middle Initial:	Social Security Number: **
Permanent Address:					E-Mail Address:
City:		State:	Zip Code:		Phone Numbers:
			-		Daytime: ( ) -
Mailing Address (if different):					Evening: ( ) -
					Mobile: ( ) -
City:		State:	Zip Code:		US Citizen:
			-		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Degree Program Scholarship Will Be Used For:		Anticipated Graduation Date:		Anticipated Enrollment Date (If not currently enrolled at UCI)	
B.S. <input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D. <input type="checkbox"/>					
Highest SAT Scores (numeric scores and percentiles)			Highest GRE Scores (numeric scores and percentiles):		
V:	M:	V:	Q:	A:	

Current and Previous Colleges and Universities Attended (provide transcript from each school):

Name:		Major:		Degree Earned (if any)	
		Attendance dates:			
City:		State:	Zip Code:		GPA:
			-		Overall: Major:
Name:		Major:		Degree Earned (if any)	
City:		State:	Zip Code:		GPA:
			-		Overall: Major:
Name:		Major:		Degree Earned (if any):	
City:		State:	Zip Code:		GPA:
			-		Overall: Major:
Name:		Major:		Degree Earned (if any):	
City:		State:	Zip Code:		GPA:
			-		Overall: Major:

Recommenders (provide each recommender with a scholarship recommendation form):

Name:		Organization:		Job Title:	
Address:					E-Mail Address:
City:		State:	Zip Code:		Phone Number:
			-		( ) -
Name:		Organization:		Job Title:	
Address:					E-Mail Address:
City:		State:	Zip Code:		Phone Number:
			-		( ) -
Name:		Organization:		Job Title:	
Address:					E-Mail Address:
City:		State:	Zip Code:		Phone Number:
			-		( ) -

\*\* The office of Personnel Management which approves the scholarship offers requires the SSN.