



# STRUCTURAL ENGINEERS ASSOCIATION OF OREGON SCHOLARSHIP FOUNDATION

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## SCHOLARSHIP APPLICATION FORM FOR 2025-26 ACADEMIC YEAR

1. Name: \_\_\_\_\_ 2. SS# \_\_\_\_\_  
(Last) (First) (Middle)

3. Current Mailing Address: \_\_\_\_\_  
(Street) (City, State) (Zip Code) (Telephone)

4. Permanent Mailing Address: \_\_\_\_\_  
(Street) (City, State) (Zip Code) (Telephone)

5. Citizenship: \_\_\_\_\_ 6. Number of years in Oregon or Clark County, Washington: \_\_\_\_\_

7. Higher education, starting with most recent:

Name of Institution	From – To (month/year)	Total Credits/Degree Planned
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Current level in C.E. program (Jr, Sr, Grad): \_\_\_\_\_ 9. Have you applied for this scholarship before? \_\_\_\_\_

10. Overall G.P.A. \_\_\_\_\_ (Provide transcripts for all college-level courses, see Scholarship Information Sheet)

11. Engineering G.P.A. \_\_\_\_\_ (Includes only math, science, and engineering related courses)

12. Structural engineering courses completed: \_\_\_\_\_

13. Structural engineering courses planned: \_\_\_\_\_

14. Other scholarships received and likely to receive next year: \_\_\_\_\_

15. Do you have a job during the school year? \_\_\_\_\_ Where? \_\_\_\_\_

16. Where did you work during the last summer? \_\_\_\_\_

17. Where do you plan to work this summer? \_\_\_\_\_

18. What percentage of your expenses do you receive from parents or others? \_\_\_\_\_

19. Do you live with your parents? \_\_\_\_\_ 20. Anticipated date of graduation: \_\_\_\_\_

(Provide any information that does not fit above on separate sheets.)

21. On a separate sheet, please provide information (numeric & descriptive) showing your financial need.

22. On a separate sheet, please describe your interest and goals related to structural engineering.

23. On a separate sheet, please describe other experiences (student groups, community service, military service, teaching/mentoring, etc.) that will supplement your engineering education.

24. Email address: \_\_\_\_\_

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

RETURN THIS FORM TO CEEDEPT@PDX.EDU BY **SUNDAY, MAY 18, 2025**