

Scholarship Application

Please complete the application in its entirety and e-mail or mail to the Scholarship Representative:

Dave Coulston
LECO Corporation
3000 Lakeview Avenue
St. Joseph, MI 49085
David_Coulston@LECO.com

Please check the appropriate box describing your association with ASM.

<input type="checkbox"/>	Student Member
<input type="checkbox"/>	Parent is ASM Member
<input type="checkbox"/>	No affiliation

Personal Information

Name (First, MI, Last)	
Parent/Guardian	
Street Address	
City	
State	
Zip/Postal Code	
Phone	
E-mail Address	

Scholastic History / Personal Achievements (If currently enrolled in high school)

High School Attended	
City / State	
Graduation Date	
GPA / Class Rank	
ACT / SAT Score(s)	

Institutional Information (For the college/university to be attended)

Institution	
City / State	
Degree Program	
If currently attending college, complete information below.	
Year (Fr, So, Jr, Sr)	
GPA	
Credits Earned	

All applicants must describe – in 500 words or less - why they should be considered for this scholarship. For assistance in completing this section, refer to the Eligibility and Rules.