SAE Scholarships Renewal Form

Information must be typed and submitted along with an official transcript.

Personal Information			
Last Name	First Name		Middle Name
Permanent Home Address			Home Telephone Number
City	State (and country if not USA)	ZIP+4 / Postal Code	E-mail at Home
School Address			Telephone Number at School
City	State (and country if not USA)	ZIP+4 / Postal Code	E-mail at School
Name of SAE Scholarship of which you are a recipient.		Year of college you have just completed ☐ Freshman ☐ Junior ☐ Masters - year one ☐ Sophomore ☐ Senior ☐ Masters - year two	

Education Information		
University Name	Expected month / year of graduation	Current GPA
What major have you declared?	Is this major different than your original selection? Please explain.	

Scholarship check should be made payable and mailed to:		
Contact Name	Department/Office	Telephone Number
Street Address		Fax Number
City	State (and country if not USA)	ZIP+4 / Postal Code
Email address		Your School ID # (or Social Security #)
List your favorite courses.		

List the extra-curricular activities you participated in during the past year.
Explain how you will be spending your summer, and any other thoughts you would like to share.
Other Information
Have you become active within the SAE Collegiate Chapter on campus (where one exists)? ☐ Yes ☐ No If no, would you like to receive contact information for the SAE Faculty Advisor on campus? ☐ Yes ☐ No
Signature
Date

Must be postmarked or emailed by May 30.

Submit: Completed application
Official transcript

By Mail: SAE International
Scholarships Program
400 Commonwealth Drive
Warrendale, PA 15096

By Email: scholarships@sae.org