Making the Future Scholarship Program

APPLICATION DEADLINE APRIL 15, 2020

APPLICANT DATA

Last Name _____ First Name _____ Middle Initial _____

Permanent Mailing Address _____Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

How did you learn about this scholarship? _____

Are you a citizen or legal permanent resident of the U.S? ☐ Yes ☐ No

ACADEMIC DATA

High School Name _____ High School Graduation Date: Month ____ Year _____

City _____ State _____ Telephone (_____) _____

High school seniors only: Download a copy of your high school transcript with GPA along with this application.

Post-Secondary school you currently or plan to attend. **Use official school names. Do not use abbreviations**.

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College ☐ Vocational-Technical School

☐ Other, explain _____

Name _____ City _____ State _____

Name _____ City _____ State _____

Major or course of study: _____ Expected graduation date: Month _____ Year _____

Currently enrolled post-secondary school only: Download a copy of your school transcript with cumulative GPA along with this application.

PROJECT SUMMARY

Project video internet address at http://vimeo.com/ _____

If relevant, please provide password: _____

Name or title of the project. _____

Provide a brief summary or description of the project. _____

_____

_____

What was your inspiration for the project? _____

_____

What is the purpose of your project? _____

_____

What process or procedures were required for the project? _____

_____

What materials were incorporated in the project? _____

_____

What skills were necessary to make the project? _____

_____

What design challenges did you encounter? _____

_____

CERTIFICATION

The Maker Education Initiative will serve as Chair for the selection committee and will share in the responsibility with committee members to ensure that award recipients are selected from the criteria set forth in the program's description. This application will remain the property of Cognizant Technology Solutions.

I certify that all of the information included in this application is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted. I hereby grant permission to post my project video and/or name on the websites of Cognizant and scholarship partners following the competition.

☐ I agree ☐ I do not agree

X ____ Initial here to confirm and verify all submitted information.

This scholarship competition is open to citizens and legal residents of the U.S. except the children of employees of Cognizant Technology Solutions who are VP and above, Board of Directors or members of the selection committee.