AMERICAN ASSOCIATION OF RAILROAD SUPERINTENDENTS

Application for the FRANK RICHTER AARS SCHOLARSHIP PROGRAM

Please type or print the following information, attaching an additional sheet if more space is needed.

A. BACKGROUND

NAME ____________________________________________________________________________________

Last    First    Middle

HOME ADDRESS ____________________________________________________________________________

Street ___________________________________________________________________________________

City    State  Zip __________________________________________________________________________

Home Telephone Number _____________________________________________________________________

E. Mail Address __________________________________________________________________________

MARRIED: Yes _____ No _____ If married, give spouse’s name _______________________________________

List names and ages of dependent children and names and relationships of other persons for whom you provide support.

___________________________________________________________________________

___________________________________________________________________________

What sources of income, including scholarships, will you have while attending college?

___________________________________________________________________________

B. EDUCATION

Present College or University:

Name ________________________________________________________________________________

Location (City & State) ___________________________________________________________________

Major Course of Study ___________________________________________________________________

Credited Hours Earned to Date ___________________________________________________________________

Accumulated Grade Point Average ___________________________________________________________________

Other Colleges or Universities attended:

Name ________________________________________________________________________________

Location (City & State) ___________________________________________________________________

Dates of Attendance _____________________________________________________________________

Major Course of Study ___________________________________________________________________

Degree if any _________________________________________________________________________

Accumulated Grade Point Average ___________________________________________________________________

List any other schools attended, e.g., vocational or industrial schools, including dates of attendance and subjects completed:

___________________________________________________________________________

If different from your present college or university as listed above, provide the name and address of the college or university where you will be enrolled while finishing your degree program and using this scholarship:

Name ____________________________________________________________________________

Location (City & State) ___________________________________________________________________
C. WORK EXPERIENCE (Most Recent First)

**Employer’s Name:** ____________________________________________  **Phone:** (   ) __________________

**Address:** _____________________________________________________________________________________

**Period of Employment:** __________________________  **To** __________________________

**Title of Position & Description of Duties:** ____________________________________________________________

________________________________________________________________________________________

**Employer’s Name:** ____________________________________________  **Phone:** (   ) __________________

**Address:** _____________________________________________________________________________________

**Period of Employment:** __________________________  **To** __________________________

**Title of Position & Description of Duties:** ____________________________________________________________

________________________________________________________________________________________

**May we contact your employers for information?**  **Yes** ______  **No** ______

**Do you intend to work for your present employer after completion of your studies?**  **Yes** ______  **No** ______

D. SIGNIFICANT ACTIVITIES AND HONORS

List professional societies, civic organizations, sports, important committees or other significant organizations or activities in which you participate.

________________________________________________________________________________________

________________________________________________________________________________________

List honors or special awards in recognition of your professional or community activities:

________________________________________________________________________________________

________________________________________________________________________________________

E. NARRATIVE REQUIREMENTS

Prepare a narrative, not exceeding 1,350 words, on a separate double spaced typewritten sheet with your name at the top. In your narrative include the following:

1. A brief description of your present and any future study program;
2. Any research projects or school activities in which you are now or have been involved;
3. Post-graduate plans;
4. Why you feel you are deserving of this scholarship;
5. Your professional goals and aspirations after graduation;
6. A brief discussion of your interest in transportation; and
7. Any other pertinent information you feel important to your application.
**F. REFERENCES AND LETTERS OF RECOMMENDATION**

Provide the names and addresses of two references who will write letters of recommendation for you. Include one faculty member at the school in which you are currently enrolled and another reference of your own choosing. The latter may include a faculty member, your department head, current or former employer, AARS member, or other responsible person. It is your responsibility to obtain the references and request that they submit their letters directly to the Association postmarked no later than July 15 or email to cfoor54@msn.com by July 15.

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<thead>
<tr>
<th>REFERENCE NO. 1</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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</tr>
<tr>
<td>Office Address</td>
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<td>Phone Number: (       )</td>
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<th>REFERENCE NO. 2</th>
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<tr>
<td><strong>Name</strong></td>
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<tr>
<td>Office Address</td>
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<td>Phone Number: (       )</td>
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**G. FINANCIAL AID REFERENCE**

Provide the following information about the Financial Aid Office at the school you will be attending:

<table>
<thead>
<tr>
<th>Financial Aid Office Address</th>
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<tr>
<td>Phone Number</td>
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I hereby certify that all statements contained in this application are correct and, if selected, I agree to utilize the monies for the purpose stated:

Signature of Applicant: ____________________________ Date: ____________________________