



Society for Mining, Metallurgy & Exploration®

Pennsylvania-Anthracite Section SME/AIME

JOHN KAMINSKI MEMORIAL SCHOLARSHIP APPLICATION

Please provide the following information:

Name _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex _____

Home Phone _____ e-mail address _____

High School or College Name _____

School Address _____

City _____ State _____ Zip Code _____

Date of Graduation _____ Pennsylvania Citizen **Yes** _____ **No** _____

Father's Name _____ Occupation _____

Address _____ Employer _____

Mother's Name _____ Occupation _____

Address _____ Employer _____

Names of Colleges Applied to: _____ Major: _____

1. _____

2. _____

3. _____

4. _____

5. _____

The applicant must have applied to at least one engineering or science program related to mining in Pennsylvania.
The applicant will be disqualified if application has not been made to a Pennsylvania college or university.



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Please provide the following information:

TEST SCORES

Each applicant must meet both of the minimum requirements for one of the following tests. Below, post test scores from your transcript or other enclosed documentation. Do not mix scores from different dates.

TEST NAME	SAT MATH	SAT VERBAL	ACT MATH	ACT ENGLISH	GPA
YOUR SCORE					
MINIMUM SCORE	550	550	24	24	3.0

Employment Record

Extracurricular Activities

Where did you hear about the Pennsylvania Anthracite Section AIME scholarship program?

Counselor ___ Newspaper ___ Website: ___ Other _____

Using an attached separate sheet of paper, briefly explain why you think you should be considered for the Pennsylvania Anthracite Section SME/AIME Scholarship.

Applicant Signature _____ **Date** _____



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APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting nonfactual information will automatically disqualify me from consideration for a scholarship.

By submitting this application, I authorize my high school principal or counselor to make available to the Pennsylvania –Anthracite Section AIME information concerning my academic records.

Applicant Signature _____ **Date** _____

COUNSELOR'S OR PRINCIPAL'S CERTIFICATION

I hereby certify that the academic information as submitted on this application is correct, that to the best of my knowledge applications have been submitted by the candidate to the schools listed, and that the applicant meets all eligibility requirements as outlined herein.

Signature _____ **Date** _____

Printed Name _____ **Title** _____

High School Name _____

School Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number _____ **e-mail address** _____

PRINCIPAL/ COUNSELOR – Please remit completed certification under separate cover to:

Pennsylvania-Anthracite Section SME/AIME
C/O Mr. John R. Ackerman, PE, PG, BCEE, F.NSPE
Chairman, Scholarship Committee
820 Evans Street
Hazle Township, PA 18201