



project
AIEA
Application 2014

Personal Information

First Name	Last Name	Suffix
Permanent Address		
City, State, Zip		
Current Address (if different from above)		
City, State, Zip		
Telephone	E-mail	
High School	City, State	
Date of Graduation	GPA/4.0 scale	
College Attending	City, State	
Date of Graduation	GPA/4.0 scale	
Major, Area of Study	Career Plan	
Place of Birth	Years in U.S.	
Language Skills. List up to three. Please indicate if your language skills are at a basic proficiency, working proficiency, full professional proficiency or native bilingual proficiency.		
		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Family Information

Father		
First Name	Last Name	Suffix
Occupation		
Highest level of education completed		
Place of Birth	Years in U.S.	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mother		
First Name	Last Name	Suffix
Occupation		
Highest level of education completed		
Place of Birth	Years in U.S.	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

