### Robotics Education & Competition Foundation Scholarship Program

**Organization Providing Scholarship:**
- [ ] ____________________________________________________________________________

**Mailing Address of Organization:**
- [ ] ______________________________________________________________________________

**City:** __________________________ **State:** _____ **Zip Code:** ______ **Country:** ______

**Type of organization:**
- [ ] 4 yr. College or University
- [ ] 2 yr. Community College or Junior College
- [ ] Vocational-Technical School
- [ ] Company/Corporation
- [ ] Professional Association
- [ ] Other

**Permission to use logo:**
- [ ] Yes
- [ ] No

Please email your logo to: scholarships@roboticseducation.org

### Deadlines and Award Restrictions

**Application Deadline Date:**
- [ ] __________________________

Where must award be used:
- [ ] College or University providing the scholarship
- [ ] Any College or University

### Scholarship Amount and Renewability

- [ ] Renewable: (Amount per year $_________ up to a total of $_________ or ______ years)
- [ ] Non-Renewable: (Total Amount: $_________)

What number of scholarships are available?:

What is the total value of all available scholarships?: $________________

### General Eligibility Qualifications/Limitations

**Student's Current Academic Year:**
- [ ] Junior (high school)
- [ ] Senior (high school)
- [ ] College

**Scholarship based on:**
- [ ] VEX Robotics Competition Participation Only
  - (check this if VEX Robotics Competition participation is the only criteria)
- [ ] Financial need
- [ ] Academic merit (requirement: ____________________________)

**Planned Enrollment:**
- [ ] Full time
- [ ] Part time

**Major/Degree Program:**
- [ ] Any course of study
- [ ] Specific: _______________________________

**Citizenship Eligibility:**
- [ ] US Citizens
- [ ] Permanent Residents
- [ ] International Students
- [ ] Yes (□ State ______ □ Other ____________________________)

**Gender/Minority Preference:**
- [ ] Female
- [ ] Male
- [ ] Ethnic Minority

**Residency Requirements:**
- [ ] No
- [ ] Yes (□ State ______ □ Other ____________________________)

**Other Condition Based:**
- [ ] __________________________________________

### Other Requirements

**Is VEX Robotics participation required?**
- [ ] Yes
- [ ] No

**If yes, does student need a recommendation?**
- [ ] Yes
- [ ] No

**If yes, who should provide the recommendation?**
- [ ] Team Adult Mentor/Coach
- [ ] Other ____________________________

**Is the student required to submit an essay?**
- [ ] Yes
- [ ] No

**Other Information or Requirements**
- [ ] __________________________________________

### Web Links

**Link to your organization’s website:**
- [ ] __________________________________________

**Link to scholarship or provide application information if not available on website:**
- [ ] __________________________________________

### Institutional Contact (person responsible for interacting with REC Foundation staff regarding scholarships)

**Name:** __________________________________________

**Email:** __________________________________________

**VEX Robotics World Championship** (Our organization would be interested in exhibiting):
- [ ] Yes
- [ ] No

To learn more, please contact: scholarships@roboticseducation.org