



Society of Hispanic Professional Engineers
 13181 Crossroads Prkwy. North, Ste. # 220, City of Industry, CA 91746-3497
 Office Phone: 323-725-3970
 Tax ID 72-1549994

2025-2026 ScholarSHPE Partnership Selection Form

All information required. Please type or print legibly.



Company Name: _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

Scholarship Contribution: \$ _____ **Number of Years Renewable:** _____

Scholarship Name: _____

Scholarship Distribution:

of Scholarships: _____ **for \$** _____ **each**

Please note that there is a 15% administrative fee on the total for scholarships.

We trust SHPE to make the final selection of awardees and do not require additional input.

Please select scholarship recipient parameter options below:

Minimum GPA: _____ / 4.0 (Note: If left blank, 2.5 will be applied.)

Preferred Major of Study:

- | | |
|---|--|
| <input type="checkbox"/> Aeronautical/Aerospace Engineering | <input type="checkbox"/> Environmental Engineering |
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Industrial Engineering |
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Materials Science & Engineering |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Computer Sciences & Engineering | <input type="checkbox"/> Petroleum Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Other: _____ |

Specific Colleges/Universities (minimum of 5 colleges must be selected for this parameter)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

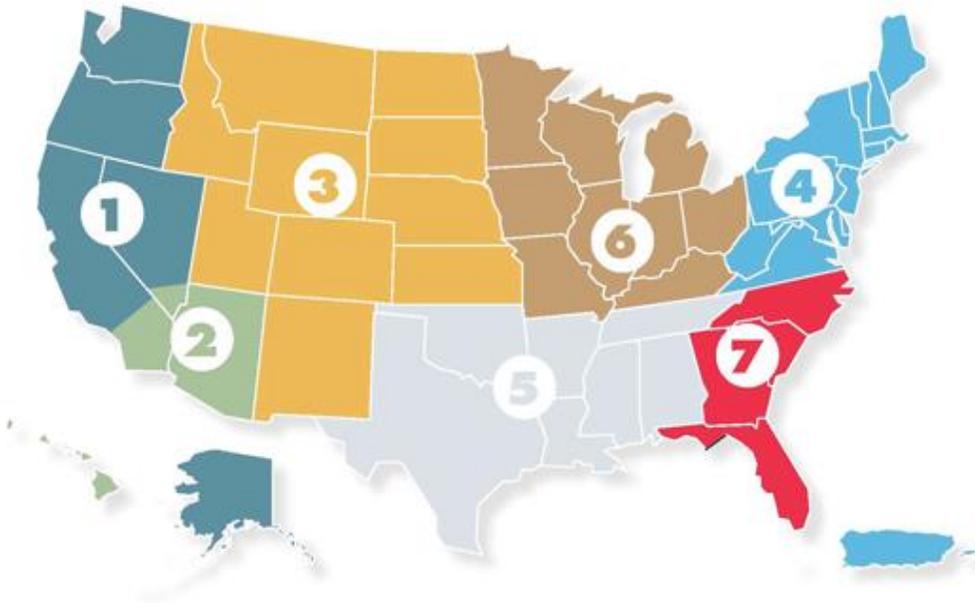
Geographic Location:

Any location

Please note that preferred geographic location will be based on applicant's school address not home address.

Preferred State: _____

Preferred SHPE Region (Please see region map below): _____



Citizenship Required: Yes No

Class Status: Freshman Sophomore Junior Senior Master Student Doctoral Student

Standardized Test Score:

Test Type: SAT ACT GRE GMAT Other: _____

Minimum Test Score: _____

Other Parameters as Described Below:

Signature

Date *Month / Day / Year*