



Solving Mission Critical Problems for



Sabre STEM Scholarship Application

1. Applicant Information

Name (Last, First, Middle) _____

Mailing address _____

Email address _____

Home telephone _____ Cell _____

Preferred contact method _____

High School _____

High School mailing address _____

High School telephone _____ High School graduation date _____

Guidance Counselor name and phone number _____

Cumulative Grade Point Average _____ Grading scale _____

College(s) applied to _____

Intended major of study _____

2. STEM Activities/Experience

List and describe any science, technology, engineering, or mathematics related activities in which you have participated, such as science fairs, hobbies, summer programs, or employment. (Insert additional rows in table as necessary or attach separate document to application)

Year	Description of Activity

3. Applicant’s Personal Statement

Please provide information that you consider relevant to your application, such as your interests, experiences and career goals as they relate to STEM and why the scholarship is important to you. (750 word limit).

[Insert essay here or attach separate document to application]

4. Referral Source

How did you find out about the Sabre STEM Scholarship?

High School Guidance Department

Parent

Internet

Sabre employee (please provide employee’s name): _____

Other (please explain): _____

5. Certification and Information Release Consent

1. I hereby certify that information provided here is true and correct to the best of my knowledge. Furthermore, I authorize Sabre Systems, Inc. to release the information

contained within this application, including academic, personal, and biographical information, to the awarding committee.

2. I understand that the Sabre STEM Scholarship Committee must receive all applications and required documentation by the given deadline.
3. I understand that I am not guaranteed a scholarship even though I may meet the criteria and have made every attempt to submit the required documentation.
4. I have read the Sabre STEM Scholarship Eligibility/Requirements criteria and certify that to the best of my knowledge that I meet all requirements.
5. I understand that if I am selected as a recipient of the scholarship, I agree to allow the use of my photo or to have one taken by Sabre; and I agree to release of information contained within this application, including academic, personal, and biographical information for the purposes of announcing the scholarship recipients publicly in print and electronic medium.
6. I understand that I cannot be a Sabre Systems, Inc. employee or immediate family member of a Sabre Systems, Inc. employee.

Applicant Signature _____ Date_____

Instructions: Please complete, sign and date this application prior to mailing. Include original copy with your Scholarship Application Package (see Sabre STEM Scholarship Application Package Instructions).