



## **Information Security Scholarship Application**

### **Administered by the ISSA Education Foundation**

**This Scholarship Application and TWO letters of recommendations must be received no later than July 15, 2019 for consideration by the Scholarship Committee.**

**Incomplete applications will not be considered.**

**Names of the scholarship recipients will be contacted and published on the ISSA Education Foundation website, as soon as confirmed, following the close of the application submission period.**

---

**Personal Information**

<b>Last Name (Primary)</b>	
<b>Maiden (Former) Name (1)</b> If documentation is on a former name, evidence of name change must be submitted.	
<b>First Name</b>	
<b>Middle Initial</b>	
<b>Permanent Street Address</b>	
<b>Permanent City Address</b>	
<b>Permanent State</b>	
<b>Permanent Country/Zip Code</b>	
<b>Permanent Telephone No.</b>	
<b>Alternate Street Address</b> If attending school away from home	
<b>Alternate City Address</b>	
<b>Alternate State</b>	
<b>Alternate Country/Zip Code</b>	
<b>Alternate Telephone No.</b>	
<b>Cellular Telephone No.</b>	
<b>Primary Email Address</b>	
<b>Alternate Email Address</b>	
<b>Date of Birth</b>	
<b>Birth Place</b>	<b>City/State/Country</b>
<b>Gender (Select one)</b>	<b>Male/Female</b>

### Academia Information

<b>Institution where you are now enrolled.</b>	
<b>Institution where you plan to use the proceeds of the scholarship.</b>	
<b>Institution Business Office Address</b>	
<b>Is this an accredited institution? (If yes also name Accrediting Organization)</b>	
<b>Please provide the name of your current program of study. If you are pursuing an Information Security program, please provide the name of the program. (e.g. MS in Information Systems Security)</b>	
<b>Please provide a brief summary of your planned field(s) of studies (e.g.) Cryptography, Policy, Access Systems or Biometrics). If not a specific program, include their relationship to Information Systems Security.</b>	
<b>Please indicate the scholarship level for which you are applying.</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Please provide current GPA for both overall and on the courses required in your program</b>	<input type="checkbox"/> Overall <input type="checkbox"/> Required courses in current program
<b>Has your work/study ever been published or have you ever given an Invited Talk?</b>	
<b>If so, please provide the publication name, date, co-authors, and article title.</b>	
<b>For Invited Talks please give the venue, organization, date and circumstances.</b>	
<b>Have you been convicted of a felony that involves Information or information systems? If so please explain the crime and adjudication.</b>	

## Academic Qualifications

### Undergraduate Studies

Degree/Diploma	Level of Honors	Institution	Normal Program Duration	Years Enrolled		Year Graduated
				From	To	

### Graduate/Post-Graduate Studies

Degree/Diploma	Full-time/Part-time	Institution	Normal Program Duration	Years Enrolled		Year Graduated
				From	To	

## Professional/Industry Associations and Certifications

<p><b>If you currently belong to relevant professional or industry associations please list the name of the organization (e.g., ISSA, ISACA) as well as your level of affiliation (e.g., Student Member, Trial Member, Life Member).</b></p>	<p><b>Organization Name</b>  <b>Membership Type/Level</b>  <b>Membership Number</b></p>
	<p><b>Organization Name</b>  <b>Membership Type/Level</b>  <b>Membership Number</b></p>
<p><b>If you currently hold any relevant professional certification (e.g. CISSP, CISA, CISM) please list.</b></p>	<p><b>Certification Name</b>  <b>Cert Number</b>  <b>Issued by</b></p>
	<p><b>Certification Name</b>  <b>Cert Number</b>  <b>Issued by</b></p>

**For more than two, please provide information in an attachment.**

## References

Please provide detailed contact information of **TWO** personal references that will be providing the letters of recommendation. At least one reference must be by an Information Security Faculty Member of your Educational Institution who is familiar with your personal and educational background or an industry management personnel associated with you through a professional relationship. They may not be family members, personal friends or others outside of these specific areas.

<b>Name</b>	
<b>Relationship</b>	
<b>Email of Reference</b>	
<b>Telephone Number (including area code &amp; country code if outside of the U.S.)</b>	
<b>Alternative phone Number (including area code &amp; country code if outside of the U.S.)</b>	

<b>Name</b>	
<b>Relationship</b>	
<b>Email of Reference</b>	
<b>Telephone Number (including area code &amp; country code if outside of the U.S.)</b>	
<b>Alternative phone Number (including area code &amp; country code if outside of the U.S.)</b>	
<b>Email Address</b>	

**Student Supplied Short Bio/Chosen Academic Program/ Interests/  
Goals in Information Security**

A large, empty rectangular box with a thin black border, intended for the student to provide their short bio, chosen academic program, interests, and goals in information security.

## Declaration

I affirm that the information supplied by me on this form is complete, true and correct to the best of my knowledge.

I hereby authorize the ISSA Education Foundation to obtain details of any enrollment, academic record, examination results, attendance, and addresses in connection with any Scholarship proceeds paid to the University on my behalf.

I give ISSA Education Foundation representatives permission to contact my references for the purpose of discussing my application for an ISSA Education Foundation Award.

I understand that if awarded a scholarship, I am required to submit certified copies of official academic transcripts that show all subjects taken, grades awarded and an explanation of the grading system, as well as proof of completion and degrees awarded. **Result notices and uncertified photocopies are not acceptable evidence of your qualifications and failure to submit proper documentation may invalidate this application and revoke any award.**

I understand that if awarded a scholarship, acceptance constitutes permission to use my name and description of my research for public relations purposes.

I will provide a hi-resolution photo and a brief quotation to accompany any announcements of the scholarship award.

Failure to successfully progress academically may require that I repay some or all of the proceeds of the scholarship.

I am aware that providing false or misleading information may result in the withdrawal of any offer of an award to me.

_____	_____
Applicant Signature	Date

Completed applications and supporting materials must be submitted in electronic format (pdf) to [application@issa-foundation.org](mailto:application@issa-foundation.org). Or fax them to **1-866-936-5663**. Please note that awardees will be required to submit all the original documentation for verification before the scholarship will be awarded.

For questions, please direct them to Javier Torner, Ph.D., Chair, ISSAEF Scholarship Committee, at [jtorner@ISSA-Foundation.org](mailto:jtorner@ISSA-Foundation.org)

## Application Submission Checklist

<input type="checkbox"/>	Application completed and submitted electronically to above address
<input type="checkbox"/>	Personal information (biography/resume) submitted to above address
<input type="checkbox"/>	Unofficial transcripts
<input type="checkbox"/>	Recommendations requested/submitted from the three listed references
<input type="checkbox"/>	Reference #1
<input type="checkbox"/>	Reference #2