



## **Information Security Scholarship Application**

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

**This Scholarship Application and a letter of recommendation (two letters preferred) must be received no later than May 31, 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 ([issaef.org](http://issaef.org)), as soon as confirmed, following the close of the application submission period and final selection.**

**Scholarship Eligibility Criteria that will be evaluated includes:**

**Academic Excellence: Have a cumulative GPA of 2.5 or higher for undergraduates or 3.0 or higher (on a 4.0 scale) for graduates. Please attach an unofficial transcript from current or most recent institution.**

**Work Experience: Security-related work experience and/or completed security coursework.**

**Community Service: Volunteer work in the cybersecurity, information technology field, or other relevant areas.**

**Extracurricular Activities: relating to information security, such as volunteer work, attendance at conferences, publications and cybersecurity competitions. Be sure to highlight any publications or conference presentations.**

**Personal Statement: A short narrative describing applicant's background, chosen academic program, interests and goals in the information security field.**

**Relevant Certifications/Clubs: List memberships in cybersecurity or information technology professional organizations, certifications or relevant student clubs.**

**Letters of Recommendation: At least one letter of recommendation with two preferred, such that, one include a recommendation from a current/former instructor/faculty, cybersecurity employer or cybersecurity association member.**

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**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>Gender (Select one)</b>	<b>Male</b> <b>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>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>	Overall Required courses in current program
<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.**

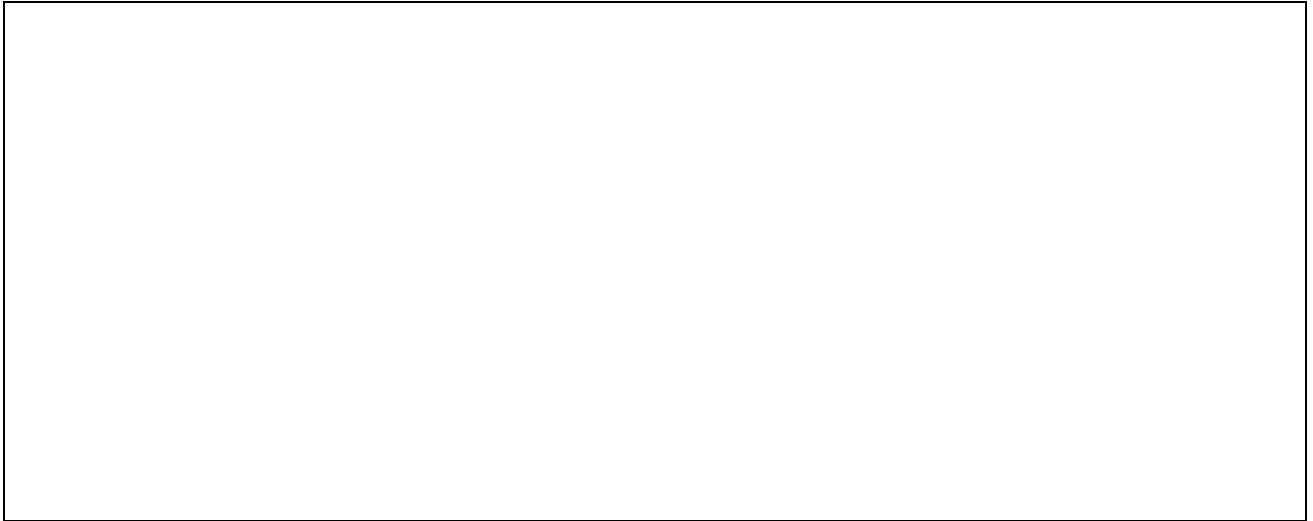
## References

Please provide detailed contact information of **at least one (two preferred)** personal references that will be providing the letters of recommendation. The primary 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>Primary Reference Name</b>	
<b>Relationship</b>	
<b>Email of Primary 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>Secondary Reference Name</b>	
<b>Relationship</b>	
<b>Email of Secondary 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>	

**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, (your typed name will be accepted as your signature).	Date

Completed applications and supporting materials must be submitted in electronic format (pdf) to [application@issaef.org](mailto:application@issaef.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 Lorraine Frost, Chair, ISSAEF Scholarship Committee, at [lfrost@issaef.org](mailto:lfrost@issaef.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 two listed references
<input type="checkbox"/>	Reference #1, required
<input type="checkbox"/>	Reference #2, preferred