

## Harold W Grieve Scholarship Application Form

Name:

ASID Student Member #:

Email Address:

Cell Phone Number:

School Name:

Anticipated Graduation Date:

Head of Dept Name and Email Address:

ASID Activities:

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Presentation will be approximately 20 minutes per student and will be held on Friday, February 9, 2018 between 10am and 3pm at the LA Mart, 1933 S Broadway, Downtown Los Angeles. Sign in at the Trendway Showroom: suite 126.

Your preferred time frame on Friday, 2/9:

I verify that the information presented here is true and accurate to the best of my knowledge.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Email this completed application form as soon as possible to let us know you will be participating: [asidoffice@asidla.org](mailto:asidoffice@asidla.org).

Submissions should be two-dimensional presentations. You may select Residential or Commercial project to present to the judges, who are “your client.” We would like to display our presentations at a future date.