



2024

Harlan Erker Memorial Scholarship

APPLICATION

Name _____

Mailing Address _____

Email Address _____

Name of College or University _____

Department within College/University _____

Degree Program (B.A., B.S., M.S., Ph.D., or other) _____

Date you began in this program _____

Anticipated Graduation/Finish Date _____

If currently a graduate student, undergraduate university and degree awarded _____

Thesis Title _____

Name and Title of Advisor _____

Email and Phone Number of Advisor _____

Please describe how the funds from this scholarship, if awarded, will be used to enhance your work.
Attach second page if needed.
