Please complete the application and submit all requested information to gtissamailer@gmail.com.

PERSONAL INFORMATION	
Last Name (Primary)	
Maiden (Former) Name (1) If documentation is on a former name, evidence of name change must be submitted.	
First Name	
Middle Initial	
Permanent Street Address	
Permanent City Address	
Permanent State	
Permanent Country/Zip Code	
Permanent Telephone No.	
Alternate Street Address If attending school away from home	
Alternate City Address	
Alternate State	
Alternate Country/Zip Code	
Alternate Telephone No.	
Cellular Telephone No.	
Primary Email Address	
Alternate Email Address	

ACADEMIA INFORMATION	
Institution where you are now enrolled.	
Institution where you plan to use the proceeds of the scholarship.	
Institution Business Office Address	
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)	
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.	
Indicate the scholarship level for which you are applying.	□ Undergraduate □ Graduate
Please provide current GPA for both overall and on the courses required in your program	Overall Required courses in current program
Have you been convicted of a felony that involves information or information systems? If so please explain the crime and adjudication.	

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

PROFESSIONAL/INDUSTRY ASSOCIATIONS AND CERTIFICATIONS

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).	Organization Name	Organization Name
	Membership Type/Level	Membership Type/Level
	Membership Number	Membership Number
If you currently hold any relevant professional certification (e.g. CISSP, CISA, CISM) please list.	Certification Name	Certification Name
	Cert Number	Cert Number
	Issued by	Issued by

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 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.

Primary Reference Name	
Relationship	
Email of Primary Reference	
Telephone Number (including area code & country code if outside of the U.S.)	
Alternative phone Number (including area code & country code if outside of the U.S.)	

Secondary Reference Name	
Relationship	
Email of Secondary Reference	
Telephone Number (including area code & country code if outside of the U.S.)	
Alternative phone Number (including area code & country code if outside of the U.S.)	

Student Supplied Short Bio/Chosen Academic Program/ Interests/ 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 gtissamailer@gmail.com. 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 the GT Chapter-ISSA Scholarship Committee, at gtissamailer@gmail.com.