



Hans Schmoldt Scholarship in Cathodic Protection

Work Experience Form

Last Name _____ First Name _____

Address _____

City/State/Country _____ Zip _____

Telephone Number _____ Fax Number _____

E-mail Address _____

1. WORK EXPERIENCE:

Please describe your previous work experience:

2. PERSONAL ACTIVITIES:

Please provide a description of your personal activities:

3. LEADERSHIP ABILITIES:

Please describe a history of demonstrated leadership abilities:

Signature _____ Date _____

Please return this form along with your other required forms.

SCHOLARSHIP DEADLINE: JANUARY 1
FORM MAY BE PHOTOCOPIED.