



AFS-SNEC Student Membership Scholarship

Date: _____
Name: _____
Email: _____
Address: _____
Phone: _____
University/College: _____
Major/thesis topic: _____
Degree sought: _____
Full-time student? Yes No

Briefly explain why membership in AFS SNEC is important to you and to your professional development:

Student Signature: _____

Please include a signed statement of support from a faculty member with your application.

Submit Form to AFS SNEC Secretary Treasurer; for email refer to:

<https://snec.fisheries.org/board-of-directors/excom/>