**2024 MICHAEL KIDGER MEMORIAL SCHOLARSHIP**

**IN OPTICAL DESIGN**

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| **Applicant Information** |
| Name:  |
| E-Mail:  |
| Street: |
| City:  |
| State/County/Province: |
| Zip/Postal Code: |
| Country: |
| Telephone: |

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| **Current Institution of Applicant** |
| Name: |
| Street: |
| City: |
| State/County/Province: |
| Zip/Postal Code: |
| Country: |

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| **Name of Principal Reference** |
| Position (Chair/Department Head/Prof., etc.): |
| Name: |
| E-Mail: |
| Telephone: |

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| **Academic Rank (e.g., 3.8/4.0, or 3/27, or…)** |
| Year | 1. | 2. | 3. | 4. | 5. | 6. |
| Undergraduate: |  |  |  |  |  |  |
| Graduate: |  |  |  |  |  |  |

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| **Study Program** |
| Degree(s) Pursued: | Subject/Major: |
| Beginning (year): | Completion (year): |

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| **Optics-related courses, projects and activities (attach additional pages as necessary)** |
| Description - Course, Project, Activity,… | Start Date | End Date | Grade |
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| **Awards, honors, scholarships, publications and presentations (attach additional pages as necessary)** |
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| **Proposed research or course of study (thesis or course, and institution)** |
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 Based on your demonstrated ability, explain briefly how the awarding of this Scholarship to you will

 contribute to long term development in the field of optical design (attach summary of five pages or less,

 as well as supporting materials)

**Application due 28 February 2024**