



THE GEORGE & BARBARA MORAN SCHOLARSHIP

APPLICATION FORM

Name of Institution/NDT Program _____

Address _____

Telephone No. _____ Fax No. _____

Lead Instructor _____ Type of Institution (check one) ABET accredited

Web-Site _____ 501c3 U.S. Community College

Email Address _____ Years offering NDT Program _____

Required Time for Program Completion _____

Number of Students Presently in Program _____

Number of Graduates from Program in the past five (5) years _____

Are you familiar with NDTMA ____ (Y) ____ (N)

Would your School like to be a member ____ (Y) ____ (N)

Are you interested in the NDTMA Moran Scholarship Program and why? _____

How would you select the actual student for this award? _____

Application Submitted by _____ Date _____

Job Title _____