

Undergraduate Scholarship Application

Eligibility Requirements & Award Information Note: Deadline is June 1, 2017

ELIGIBILITY

- Applicant must be a resident of Arkansas and enrolled (or enrolling) in a course of study leading to a degree or an associate's degree in a construction related filed, construction management, civil, mechanical, structural or electrical engineering.
- 2. Applicant must desire a career in a construction related field, construction management, civil, mechanical, structural or electrical engineering.
- 3. Applicant must be enrolled (or enrolling) as a full-time student. Part-time students are not eligible.

REQUIREMENTS

Applicants are responsible for insuring that all items listed below are submitted and postmarked no later than June 1, 2017. Incomplete applications will not be considered.

- Completed Application
- Evaluation form completed by academic advisor
- Official transcript of grades for most recent semesters

AWARDS

- Scholarships are not automatically renewed, but students will be considered for subsequent awards if they provide evidence of continued need, maintain at least a 3.0 GPA, continue to major in a construction-related field of study and complete a minimum of 15 hours of credits each semester. Recipients must provide a copy of grades from completed semester to be considered for ongoing awards.
- 2. Applications will be reviewed and winners selected by the AGC Arkansas Education Foundation Board members.
- 3. Scholarship payments will be made payable to and sent directly to recipient's school upon presentation of enrollment information.



Undergraduate Scholarship

Date:					

Please complete all sections of this application. Type or print. Use N/A if a question does not apply to you. Appearance and completeness will be considered during the evaluation. Mail to AGC Arkansas Scholarship Foundation, P.O. Box 846, Little Rock, AR 72203.

Must be postmarked no later than June 1, 2017.

NAME				
LAST		FIRST	MIDDLE	
ADDRESS				
Home_				
	Number/Street		City/State/ZIP	
College	9			
	Number/Street		City/State/ZIP	
At whi	ch address can you b	pe reached in June?	Home	College
TELEPHONE				
Home_		Cell	Other	
DATE OF BIRTH	I			
MARITAL STAT	US:			
Spouse's Occup	pation	Annual S	Salary	
Number of Dep	pendents other than	spouse		
PARENT/I FGAI	GUARDIANS NAME			
Relationship				
Address				

SCHOLASTIC INFORMATION

Provide names, city and state of high schools and/or colleges attended or are currently attending. Most recent listed first. Be sure to indicate month and year of graduation or anticipated graduation.

FOUR YEAR COLLEGE	DATES ATTENDED	MONTH/YEAR OF GRADUATION
TWO YEAR COLLEGE		
HIGH SCHOOL		
	ould begin immediately after g	uously enrolled in school since high raduation until the present time
Are you currently enrolled at	a college or university?	
Current year in school (circle	one): Freshman, Sophomore, J	unior or Senior
Anticipated date of graduatio	n (month/year):	
List below the college you pla	n to attend.	
		Accepted: Yes/No
College (name, city/state)		
In what program do you expe	ct to earn your degree?	
Does your college have a con-	struction degree curriculum?	
Are you in a Cooperative Edu	cation Program? If yes, in	nclude copy of work/class schedule.
Specify Grade Point Average a GPA:	and send an official grade trans	script from current school.

List extracurricular activities you have participated i	n:
High School	
<u>College</u>	
Community Activities	
Athletics/Other	
EMPLOYMENT HISTORY List below full time, summer and/or other employm responsibilities (begin with most recent). If part time from to to to	e, indicate number of hours per week.
Address:Supervisor:	
Duties/responsibilities:	
FINANCIAL INFORMATION	
Father's occupation	Annual Income
Mother's occupation	
Number of brothers/siblings older than you	younger than you
What percent of your college education and living e provide during the next school year?%	xpenses do you provide or expect to
Including yourself, how many members of your fam How many are receiving financial assistance in the f	

Describe briefly in ar	nnual dollar amounts the	following estimated college o	osts for:
Tuition			
Living expenses			
Books			
Miscellaneous (please specify)			
TOTAL			
Indicate the amount	of support from the follo	wing sources for the next sch	ool year.
Summer work			
Part-time work			
Loans (specify)			
Anticipated Scholars	hips		
Other sources of inco	ome (specify)		
TOTAL			
Please explain the pu	urpose for which scholars	hip monies will be used:	

ADDITIONAL INFORMATION (attach additional pages if necessary)

•	extracurricular activity, your most important contribution in this activity meant to you as an individual?
to it and what has your participation	in this activity meant to you as an individual:
•	the construction industry and what event or series of Where possible, explain how your previous work ion industry career.
Are you interested in a construction i	ndustry career?
If not, what career are you interes	sted in pursuing?
If yes, what area/field in the const	ruction industry interest you?
	ily presently employed in the construction industry?
•	Relationship:
	Position:
	Relationship:
	Position:
I agree the application and all attachr selection by the AGC Arkansas Schola	ments may be used for the purpose of evaluation and rship Foundation.
Signature:	Date:

NOTE TO APPLICANT: You have the ultimate responsibility to insure the application and all forms/transcripts are received by the AGC Arkansas Scholarship Foundation and postmarked no later than June 1, 2017.

AGC Arkansas Scholarship Foundation Rating Form

Note: This form should	d be completed by applicant's academic advisor/counselor.
APPLICANT NAME:	
ACADEMIC ADVISOR Please complete and n AGC Arkansas Scholars P.O. Box 846 Little Rock, AR 72203	nail this form directly to: hip Foundation
Name:	
Name of School:	
Address:	
How long have you kno	ow the applicant?
How often and in what	situations have you been in contact with the applicant?
(1-Poor;	<u>EVALUATIONS OF PERSONAL TRAITS</u> 2-Below Average; 3-Average; 4-Above Average; 5-Superior)
COOPERATION	
COURTESY	
DEPENDABILITY	
INDUSTRIOUSNESS	
INITIATIVE	
LEADERSHIP	
MATURITY	
SELF CONTROL	

Using the same point scale, what is the ability of the applicant to select and achieve a goal?____

Signature:	Date:	