

NIBCA EDUCATION PROGRAM

1111 S. Alpine Road, Suite 202, Rockford, IL 61108 ■ Phone (815) 229-5636
■ Fax (815) 226-4856 ■ Pat@nibca.net

2015 Undergraduate Scholarship Application

Applicant: Please complete **ALL** sections of this application. Application must be typed. Use N/A if question does not apply. SEE COMPETITION RULES AND REGULATIONS. Appearance and completeness **WILL BE CONSIDERED** during evaluation. **Mail complete package to: NIBCA, 1111 S. Alpine Rd., Suite 202, Rockford, IL 61108. Package must be postmarked by October 15, 2014.**

I. PERSONAL

A. Name: _____

B. Address: 1. Home: _____
NUMBER & STREET CITY STATE ZIP

Address: 2. College: _____
NUMBER & STREET CITY STATE ZIP

C. At which address can you be contacted in late November/early December? Home College

D. Telephone: Home _____ College _____ Cell _____

E. E-mail Address: _____

F. Date of Birth: _____

G. Social Security: _____

H. Are you a U.S. Citizen? Yes No

If not a U.S. Citizen, what type of visa do you hold? (Attach copy of proof)

I. Parent or legal guardian's name: _____ Relationship: _____

Address, if different than item B1 _____

J. Marital Status: Single Married

If married: Spouse's name: _____ 2. Number of dependents: _____

II. SCHOLASTIC INFORMATION

A. Provide colleges and/or universities you have attended or any currently attending, with the most recent first. Be sure to indicate month and year of completion or anticipated graduation date.

Institution	Attendance (from/to)	Major	Month and Year of Completion or Anticipated Graduation Date
1. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		
2. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		
3. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		

B. Provide on a separate sheet a chronological history of your activities if **NOT** continuously enrolled in school since high school graduation. History should begin immediately after high school graduation until the present time. Include specific month, year, and type of activity.

C. Current year in college: Sophomore Junior Junior in a 5-yr. program Senior in a 5-yr. program

D. If you are currently enrolled in an ABET or ACCE accredited 4-year or 5-year college or university from which you intend to earn a degree in construction or construction-related engineering, please provide the institution's name, mailing address, and a telephone number for the department.

COLLEGE	DEPARTMENT	TELEPHONE
STREET ADDRESS	CITY	STATE ZIP

E. If you are currently a sophomore enrolled in a two-year school, list below the ABET or ACCE accredited school to which you have applied:

COLLEGE	CITY, STATE	ACCEPTED? (YES/NO)	ANTICIPATED GRADUATION (MO/YR)
COLLEGE	CITY, STATE	ACCEPTED? (YES/NO)	ANTICIPATED GRADUATION (MO/YR)

F. In what program do you expect to earn your degree? _____
(PROVIDE EXACT DEGREE TITLE. E.G. BS IN CONSTRUCTION ENGINEERING)

G. Is your current or intended major a 4-year or 5-year program? 4-Year 5-Year

H. Are you enrolled in a Cooperative Education Program? Yes No

If yes, indicate which semester(s) you will be in co-op: _____

A copy of your work/class schedule will be helpful. NOTE: Scholarship winners who take part in a cooperative education program will not receive scholarship assistance while working on co-op.

I. Specify Grade Point Average, based on a 4.0 scale, below and send an official or unofficial grade transcript from the school you are presently attending, as well as transcripts from previously attended school(s).

Cumulative GPA on a 4.0 scale: _____

J. In what extracurricular activities have you participated while attending college? Indicate elected offices held, if any. Specify purpose of local organizations. Add additional sheets as necessary.

1. Student activities (student government, sorority, National Honor Society, etc.): _____

2. Community activities (Boy Scouts, church, etc.): _____

3. Athletics: _____
4. Other: _____

K. List any honors, awards, etc. you have received while in college. _____

III. EMPLOYMENT HISTORY

A. List below full-time employment, summer employment, and/or part-time work briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week. Add additional sheets as necessary.

1. From _____ To _____
MONTH/YEAR MONTH/YEAR
 Firm's Name and Type of Business _____
 Address _____
 Supervisor's Name and Position _____ Telephone _____
 Your Duties _____
 Salary _____ per _____

2. From _____ To _____
MONTH/YEAR MONTH/YEAR
 Firm's Name and Type of Business _____
 Address _____
 Supervisor's Name and Position _____ Telephone _____
 Your Duties _____
 Salary _____ per _____

3. From _____ To _____
MONTH/YEAR MONTH/YEAR
 Firm's Name and Type of Business _____
 Address _____
 Supervisor's Name and Position _____ Telephone _____
 Your Duties _____
 Salary _____ per _____

IV. SOURCES OF FUNDING FOR COLLEGE EXPENSES

SOURCE	PERCENTAGE
1. Earned From Work	
2. From Family Members	
3. From Loans	
4. From Scholarships	
5. Other Sources (Specify)	
Total:	100%
Estimated Annual College Expenses (tuition, room, board, books) \$	

V. ADDITIONAL INFORMATION

Answer the following questions using only the space provided below.

A. Do you plan to pursue a career in the construction industry after graduation? Yes No

If answer is "Yes", please answer questions 1-3 below. If "No", skip to Part B.

1. Why are you interested in a construction industry career and what event or series of events led you to this decision? Where possible, explain how your previous work experiences will relate to a construction industry career. _____(Please use separate sheet of paper)_____

2. What area of the construction industry are you most interested in? Design
 Commercial Building Highway/Heavy Civil Municipal/Utilities Other (explain)

3. What are your specific career goals after graduation? Five years later?

_____(Please use separate sheet of paper)_____

B. Are any members of your immediate family presently employed in the construction industry? Yes No

1. a. Name: _____ b. Relationship: _____
c. Employer: _____
d. Position in company: _____
e. Is this a NIBCA or AGC firm? Yes No Unknown

2. a. Name: _____ b. Relationship: _____
c. Employer: _____
d. Position in company: _____
e. Is this a NIBCA or AGC firm? Yes No Unknown

C. Would you accept an internship in the Rockford, IL area? Yes No

D. I would like to work in the greater Rockford, IL area because:

_____(Please use separate sheet of paper)_____

APPLICANT SIGNATURE

I agree that the application and all attachments may be used for the purposes of evaluation and selection by the Education Committee of the Northern Illinois Building Contractors Assoc. and/or representatives designated by the Board of Directors. YOUR SCHOLARSHIP APPLICATION INDICATES YOUR FULL CONSENT TO BE PHOTOGRAPHED FOR THE PURPOSES OF PROMOTION OF THE SCHOLARSHIP PROGRAM.

Applicant Signature: _____ Date: _____

Please use additional sheets to provide any other information that you feel is necessary to complete your application.

NOTE: It is the applicant's responsibility to ensure that this form is submitted to the NIBCA Education Committee, postmarked by October 15, 2014. To ensure the confidentiality of your evaluation, please return it to the applicant in a sealed envelope with your handwritten signature across the seal.

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EMPLOYMENT SUPERVISOR PERSONAL EVALUATION SHEET

Name of Student _____
LAST FIRST MIDDLE

Your name has been given as a reference by the above student who has applied for a scholarship from the NIBCA Education Committee to study construction or a construction-related engineering program. Your evaluation is important to us in considering this application. **Please complete this form (type or print using black ink) and return it to the student.**

Name of Evaluator: _____ Position: _____

Firm: _____

Address: _____ Telephone: _____

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant: _____

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 1 to 10, with "10" being "Superior" and "1" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

RATING

Characteristic	N/A	Poor		Below Average		Average		Above Average		Superior	
		1	2	3	4	5	6	7	8	9	10
Cooperation	0	0	0	0	0	0	0	0	0	0	0
Courtesy	0	0	0	0	0	0	0	0	0	0	0
Dependability	0	0	0	0	0	0	0	0	0	0	0
Industriousness	0	0	0	0	0	0	0	0	0	0	0
Initiative	0	0	0	0	0	0	0	0	0	0	0
Leadership	0	0	0	0	0	0	0	0	0	0	0
Maturity	0	0	0	0	0	0	0	0	0	0	0

Using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it: _____

Additional Remarks: Please use this space and reverse side of this form for any additional comments. _____

Signature: _____ Date: _____

NOTE: It is the applicant's responsibility to ensure that this form is submitted to the NIBCA Education Committee, postmarked by October 15, 2014. To ensure the confidentiality of your evaluation, please return it to the applicant in a sealed envelope with your handwritten signature across the seal.

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FACULTY PERSONAL EVALUATION SHEET

Name of Student _____
LAST FIRST MIDDLE

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Name of Evaluator: _____ Position: _____

University: _____

Address: _____ Telephone: _____

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant: _____

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 1 to 10, with "10" being "Superior" and "1" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

RATING

Characteristic	N/A	Poor		Below Average		Average		Above Average		Superior	
		1	2	3	4	5	6	7	8	9	10
Cooperation	0	0	0	0	0	0	0	0	0	0	0
Courtesy	0	0	0	0	0	0	0	0	0	0	0
Dependability	0	0	0	0	0	0	0	0	0	0	0
Industriousness	0	0	0	0	0	0	0	0	0	0	0
Initiative	0	0	0	0	0	0	0	0	0	0	0
Leadership	0	0	0	0	0	0	0	0	0	0	0
Maturity	0	0	0	0	0	0	0	0	0	0	0

Using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it: _____

Additional Remarks: Please use this space and reverse side of this form for any additional comments. _____

Signature: _____ Date: _____

NOTE: It is the applicant's responsibility to ensure that this form is submitted to the NIBCA Education Committee, postmarked by October 15, 2014. To ensure the confidentiality of your evaluation, please return it to the applicant in a sealed envelope with your handwritten signature across the seal.

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PERSONAL EVALUATION SHEET

Name of Student _____
LAST FIRST MIDDLE

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Name of Evaluator: _____

Address: _____ Telephone: _____

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant: _____

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 1 to 10, with "10" being "Superior" and "1" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

RATING

Characteristic	N/A	Poor		Below Average		Average		Above Average		Superior	
		1	2	3	4	5	6	7	8	9	10
Cooperation	0	0	0	0	0	0	0	0	0	0	0
Courtesy	0	0	0	0	0	0	0	0	0	0	0
Dependability	0	0	0	0	0	0	0	0	0	0	0
Industriousness	0	0	0	0	0	0	0	0	0	0	0
Initiative	0	0	0	0	0	0	0	0	0	0	0
Leadership	0	0	0	0	0	0	0	0	0	0	0
Maturity	0	0	0	0	0	0	0	0	0	0	0

Using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it: _____

Additional Remarks: Please use this space and reverse side of this form for any additional comments. _____

Signature: _____ Date: _____

NOTIFICATION OF RECEIPT

Please put your name, address and a stamp on the postcard below and submit it with your complete application. This card will be sent to each applicant whose complete application has been received and found suitable for the scholarship or awards competition. This postcard will serve as your notification of receipt. If you do not receive your postcard by December 1, 2014, please contact us at the number below. Thank you

AWARD WINNERS TO BE NOTIFIED BY JANUARY/FEBRUARY 2015

**Northern Illinois Building Contractors Assoc.
Education Committee
1111 S. Alpine Road, Suite 202
Rockford, IL 61108**

PLACE
STAMP
HERE

www.nibca.net



NOTIFICATION OF RECEIPT

Thank you for your interest in the NIBCA Education Scholarship. We are sending this postcard to notify you that this office has received your complete package for the NIBCA Education Scholarship.

All submissions will be reviewed by the NIBCA Education Committee. If you are selected as a finalist for any of the scholarships, you will be notified in Oct/Nov. 2014. If you have any questions, please contact Pat Lamb, at (815) 229-5636 or send an email to pat@nibca.net.

OFFICE USE ONLY

Date: _____

Initials: _____
