



# Student Scholarship Program

Architecture    Structural Engineering    Construction Management

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 25, 2017

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #

AA	PD	GPA	TOTAL

APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email (required) \_\_\_\_\_

Your Personal Campus Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

- Please indicate your status. (For statistical purposes only)
- Male       Female
- American Indian /Alaska Native       Black/African American       Multi-Racial       White
- Asian       Hispanic/Latino       Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address, if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-SECONDARY SCHOOL DATA

Refer to the guidelines for eligible schools and majors.

Name of postsecondary school you will be attending next year. Use official school name. Do not use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year in school next year:    1    2    3    4    5

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_



**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well and is not related to you.

**To the Adult Appraiser:** *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

Applicants **must** include with this application, all (official or unofficial) college transcripts of grades from each college attended. If you send an unofficial transcript, it must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. The transcript may be mailed separately from the application.

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Applications that do not meet eligibility requirements or are incomplete will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Official or Unofficial Transcript(s) of Grades

All materials, including transcript, must be addressed to:

**Structural Engineering/Architecture Student Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline April 25, 2017**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_