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| **UNDERGRADUATE CONSTRUCTION SCHOLARSHIP COMPETITION****DATE: Fall 2020** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT: Please complete **ALL** sections of this application. Use N/A if question does not apply.  COMPETITION RULES AND REGULATIONS ARE ON PAGE 4. Appearance and completeness WILL BE CONSIDERED during  evaluation.  Mail To: **NAWIC – WICHITA SCHOLARSHIP FOUNDATION, P. O. BOX 48793, WICHITA, KS 67201 or email application and/or official transcript to jana.m.forrest@emcins.com.**  INFORMATION MUST BE POSTMARKED BY: **MARCH 31, 2020** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A**.** | Name | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  |  | | | | | | Last | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | Middle | | | |
| B. | Address | | | | | |  | | Home | | | |  | | | | | | | | | | | |  | | | | | | | |  | | |  | | | |
|  |  | | | | | |  | | | | | | Number & Street | | | | | | | | | | City | | | | | | | | | | State | | | Zip | | | |
|  |  | | | | | |  | | College | | |  | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | |
|  |  | | | | | |  | | | | | | Number & Street | | | | | | | | | | City | | | | | | | | | | State | | | Zip | | | |
|  |  | | | | | | a. | | | | | | At which address can you contacted in April/May?  Home:    College: | | | | | | | | | | | | | | | | | | | | b. | | | Email address: | | | |
| C. | Telephone | | | | | |  | | | | Home | | -   - | | | | | | | | | | | | |  | | | | College | | | -   - | | | | | | |
| D. | DOB | | | | | | /  / | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| E. |  | | | | | |  | | Marital Status | | | | |  | | 2. | | Spouse’s Name | | | | | | | | | | |  | | | |  | | | | | | |
|  |  | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  |  | | | | | | 3. | | | Number of dependents other than spouse | | | | | | | | | | | | | | | | 4. | | | | Relationship and ages | | | | | | |  | | | |
| F. | 1. | Parent or legal guardian’s name | | | | | | | | | | | |  | | | | | | | | | | | | 2. | | | | Relationship | | | |  | | | | | | |
|  | 3. | Address, if different than B1 above | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | |  | | | |
|  |  | | | | | | | | | | | | | Number & Street | | | | | | | City | | | | | | | | | | | | State | | | Zip | | | |
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| **II. SCHOLASTIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide names, city and state of high schools, colleges and/or universities you have attended or are currently  attending, listing most recent first. Be sure to indicate month and year of anticipated graduation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | | | | Four-Year College | | | | | | | | | | | | | | | | | | | Attended (From-To) | | | | | | Anticipated Month & Year  of graduation | | | | | | | |
|  |  | a. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  |  | b. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | 2. | | | | | | Two-Year College | | | | | | | | | | | | | | | | | | | Attended (From-To) | | | | | | Anticipated Month & Year  of graduation | | | | | | | |
|  |  | a. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  |  | b. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | 3. |  | | | | | High School | | | | | | | | | | | | | | | | | | | Attended (From-To) | | | | | | Anticipated Month & Year  of graduation | | | | | | | |
|  |  | a. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  |  | b. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
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|  | 4. |  | | | | | Provide 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. | If you are currently enrolled at college or university indicate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 1. |  | | | | | Month and year of Enrollment | | | | | | | | | | | | | | | | | | | / | | | | | | | | | | | | | |
|  | 2. |  | | | | | Current Year in School | | | | | | | | | | | | | | | | | | | Freshman | | | | | | Sophomore | | | | | | Junior | |
|  | 3. |  | | | | | Anticipated date of graduation (month, year) | | | | | | | | | | | | | | | | | | | / | | | | | |  | | | | | |  | |
| C. | If you are planning to transfer to another school, list below those colleges to which you have applied (in order of preference) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. |  | | | | | College (name, city and state) | | | | | | | | | | | | | | | | | | | Accepted (yes/no) | | | | | | Anticipated Month & Year of graduation | | | | | |  | |
|  |  | a. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | / | | | | | |  | |
|  |  | b. | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | / | | | | | |  | |
| D. | 1. |  | | | | | In what program do you expect to get your degree? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | 2. |  | | | | | Does your college have a construction degree curriculum? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |
|  | 3. |  | | | | | Are there construction-related organizations on your campus? Specify | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| E. | Are you enrolled in Cooperative Education Program? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | If so, include a copy of you work/class schedule. | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
| F. | Specify Grade Point Average and send **official** grade transcript for the school you are presently attending, listing three most recent quarters/semesters. Official transcript may be emailed directly to [jana.m.forrest@emcins.com](mailto:jana.m.forrest@emcins.com) by Registrar’s Office. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | GPA | | | | | | (      3       4       5       6 point scale – check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. | List extracurricular activities. Indicate elected offices held, if any. Specify purpose of local organizations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | College | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | High School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Community Activities (Scouts, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. | Athletics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III. EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | List below full-time employment, summer employment, or other part-time work, briefly explaining duties and responsibilities (begin with your most recent job). If part-time work, indicate number of hours per week. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | From       /20 | | | | | | | | | | To       /20 | | | | | | | Salary $ | | | | | | | | | | | | | | | | Hours per week | | | | |
|  |  | Month/Year | | | | | | | | | | Month/Year | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Firm‘s Name and Type of Business | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Address | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Supervisor’s Name & Position in Company | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Your Duties | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | 2. | From      /20 | | | | | | | | | | To       /20 | | | | | | | | Salary $ | | | | | | | | | | | | | | | Hours per week | | | | |
|  |  | Month/Year | | | | | | | | | | Month/Year | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Firm‘s Name and Type of Business | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Address | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Supervisor’s Name & Position in Company | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Your Duties | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **IV. FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | Father’s occupation | | | | | | | | | | | | | | | | | | Annual Income $ | | | | | | | | | | | | | | | | | | | | |
| B. | Mother’s occupation | | | | | | | | | | | | | | | | | | Annual Income $ | | | | | | | | | | | | | | | | | | | | |
| C. | Spouses occupation | | | | | | | | | | | | | | | | | | Annual Income $ | | | | | | | | | | | | | | | | | | | | |
| D. | Brothers and sisters in family, older than you | | | | | | | | | | | | | | | | | | Younger than you | | | | | | | | | | | | | | | | | | | | |
| E. | 1. | Including yourself, how many members of your immediate family will be in college next year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. | How many are receiving financial assistance in the form of scholarships or grants? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 3. | Do you have a Basic Opportunity Grant (BEOG)? | | | | | | | | | | | | | | | | | | If yes, amount $ | | | | | | | | | | | | | | | | | | | |
| F. | Indicate the NET amount of support from the following sources for: | | | | | | | | | | | | | | | | | G. | | | | | | Describe briefly in annual dollars amounts estimated expenses for: | | | | | | | | | | | | | | | |
|  | 1. | | Summer Work | | | | | | | | | $       per year | | | | | | |  | | | | | | 1. | | | Tuition $       per year | | | | | | | | | | | |
|  | 2. | | Part-time Work | | | | | | | | | $       per year | | | | | | |  | | | | | | 2. | | | Living Expenses $       per year | | | | | | | | | | | |
|  | 3. | | Loans (specify) | | | | | | | | | | | | | | | |  | | | | | | 3. | | | Books $       per year | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |  | | | | | | 4. | | | Miscellaneous (specify) | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | | |
|  | 4. | | | Scholarship anticipated: | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | | |
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|  | 5. | | | Parent/Spouse contribution $ | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | 6. | | | Other source of income (specify) | | | | | | | | | | | | | | | and amount $ | | | | | | | | | | | | | | | | | | | | |
| H. |  | | | Total financial support needed       (Total Expenses less Total Income) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. |  | | | If no parental support, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| J. |  | | | Please explain the purpose for which scholarship monies will be used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. |  | | | If to be used for foreign study, is study required for degree plan? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **V. ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. |  | | | Answer both the following questions using the space provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | What has been your most important extracurricular activity? Your most important contribution to it and what has your participation in it meant to you as an individual? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 2. | | | Why are you interested in a construction industry career, and what event or series of events has led you to this decision?  Where possible, explain how your previous work experiences will relate to a construction industry career. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. |  | | | Are any members of your immediate family presently employed in the construction industry? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | | | Name | | | | | | | |  | | | | Relationship | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | Employer | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Position in Company | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | 2. | | | Name | | | | | | | |  | | | | Relationship | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | Employer | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Position in Company | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | I agree that the application and all attachments may be used for the purpose of evaluation and selection by the  Awards Committee of the NAWIC – WICHITA SCHOLARSHIP FOUNDATION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **APPLICATION MUST BE SIGNED TO BE CONSIDERED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | |  | | | | |
|  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Please use an additional sheet to provide any other information that you feel is necessary to complete our application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMPETITION RULES AND REGULATIONS UNDERGRADUATE SCHOLARSHIP PROGRAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELIGIBILITY 1. Applicant must be currently enrolled and have at least one term of study remaining in a course of study leading to a 4 year degree  or an Associate degree in a construction-related field.  2. Applicant must desire a career in a construction-related field.  3. Student must be enrolled full-time; part-time students are not eligible for awards. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIREMENTS 1. Applicant is responsible for insuring that **all items listed below are submitted** to the Foundation and **postmarked or emailed by**  **March 31, 2020.**     1. Complete application in its entirety by tabbing through the boxes and sign where indicated. Application may be returned by mail or email to [jana.m.forrest@emcins.com](mailto:jana.m.forrest@emcins.com). 2. Have academic advisor complete Academic Advisor Rating Form. Form may be returned by mail or email to [jana.m.forrest@emcins.com](mailto:jana.m.forrest@emcins.com) 3. Official transcript of grades for 3 most recent quarters/semesters. (See item II-F of application.) **Official transcript may be returned by mail or** **emailed** directly to [jana.m.forrest@emcins.com](mailto:jana.m.forrest@emcins.com) from Registrar’s Office. 4. **All documents must be completed and postmarked or emailed by 3/31/20 for application to be considered.** 5. **Incomplete applications will not be considered**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AWARDS 1. Scholarships are not automatically renewed, but the student will be considered for subsequent awards if they provide evidence of  continued need, continued interest in construction, and continued enrollment and good standing in a college program leading to a  4 year degree or an Associate degree in a construction-related field.  2. Applications will be reviewed and winners selected by the Awards Committee of the NAWIC – WICHITA SCHOLARSHIP  FOUNDATION, which will consider applicants interest in construction, grades, extracurricular activities, employment experience  evaluations, and financial need. Winning applicants will be notified of their award in early April of 2019.  3. All applicants selected as semi-finalists may be subject to a personal interview with a representative of the NAWIC Founders’  Scholarship Foundation. Such representatives will be a member of the Awards Committee, the Administrator, or  other person as may be appointed by a majority of the aforementioned members of the committee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ACADEMIC ADVISOR RATING FORM Note: This form should be completed by the applicant’s academic advisor of the construction program in which the  Student is currently enrolled.  APPLICANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **ACADEMIC ADVISOR: Complete and return to:**  NAWIC – Wichita Scholarship Foundation  PO Box 48793, Wichita, KS 67201 **or email to** [**jana.m.forrest@emcins.com**](mailto:jana.m.forrest@emcins.com)  Name of Academic Advisor  Name of School  Address How long have you known the applicant?EVALUATION OF PERSONAL TRAITS Grade applicant in each category using values shown in parentheses.   * 1. Poor   2. Below Average   3. Average Comments   4. Above Average   5. Superior  |  | | --- | | Cooperation  Courtesy | | Dependability | | Industriousness | | Initiative  Leadership | | Maturity | | Self-Control |   Using the point scale above, what is the ability of the applicant to select a goal and achieve it?  Using the point scale above, indicate overall rating:  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **THIS FORM MUST BE POSTMARKED NO LATER THAN MARCH 31, 2020.**  ***STUDENT APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS FORM ON FILE.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |