



2017

TWO YEAR SCHOLARSHIP PROGRAM

\$5,000 VALUE – (A) two years of tuition at \$2,500 per year for enrollment in College/University with either civil engineering or building and construction management technology and; (B) two summers of related work experience, if available, for on-the-job placement and hands-on learning. (All scholarship funds are paid directly to the recipient’s institution of enrollment.)

Applicant: Please complete ALL sections of this application. Type or print using black ink. Use N/A if question does not apply. Competition rules and regulations are on page 6. Appearance and completeness will be considered during evaluation. Mail complete package to AGC/CT Education Committee, AGC of Connecticut, 912 Silas Deane Highway, Suite 112, Wethersfield, CT 06109 postmarked no later than March 31st.

I. PERSONAL

A. Name: First Middle Last

B. Address: 1. Home Number & Street City State Zip
2. College Number & Street City State Zip

C. Email Address:

D. At which address can you be contacted in late January/early February? Home College

E. Telephone: 1. Home: / 2. College: / 3. Other Phone
Number where you can be reached during January/early February: /

F. Present Age: G. Date of Birth:

G. Are you a U.S. Citizen? If not a U.S. Citizen, what type of visa do you hold? (Attach Copy of Proof)

H. 1. Marital Status: 2. Spouse’s Name:
3. Number of dependents other than spouse:

I. 1. Parent or legal guardian’s name: 2. Relationship:

3. Address, if different than item B1 above:

II. SCHOLASTIC INFORMATION

A. Provide names, city, and state of high schools, colleges and/or universities you have attended or any currently attending, most recent first. Be sure to indicate month and year of completion of anticipated graduation.

Institution	Attendance (from/to)	Major	Month and Year of Completion or Anticipated Graduation Date* <i>*(Scholarship awards may be based on this date.)</i>
1. _____ Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program			
2. _____ Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program			
3. _____ Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program			
4. _____ Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program			
5. _____ Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program			

B. 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.

1. _____

2. _____

3. _____

4. _____

5. _____

C. If you are currently enrolled in a 4-year college or university from which you intend to earn a degree in construction management technology or civil engineering, please provide the institution's name, mailing address, and a telephone number for the construction/civil engineering department.

Institution: _____

Address: _____

Phone: _____ / _____

D. If you are not currently enrolled at a college or university, or are planning to transfer to another school, list below those colleges to which you have applied or to which you intend to apply (in order of preference):

College (name, city, and state)	Accepted? (Yes-No)	IMPORTANT! Anticipated Month and Year of Graduation* <i>*(Scholarship awards may be based on this date.)</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

E. In what program do you expect to earn you degree? _____
(Provide exact degree title, e.g. BS in Construction Management)

F. Is your current or intended major a four-year or five-year program? Four-Year Five-Year

G. Are you enrolled in a Cooperative Education Program? _____ **If so, include a copy of your work/class schedule. Scholarship winners who take part in a cooperative education program will not receive scholarship assistance while working on co-op.**

H. Specify Grade Point Average below and send an official grade transcript from the school you are presently attending. Transfer Student – provide a complete transcript from previously attended school(s) in addition to any available grades from present school. College Freshman – provide cumulative high school GPA, high school transcript, and transcript of any college grades recorded to date.

1. Cumulative GPA _____ on a 3 4 5 6 point scale (You must check one)

I. In what extracurricular activities have you participated while attending high school? 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: _____

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: _____ Phone: _____
 Your Duties: _____

2. From: _____ To: _____
 Month/Year Month/Year

Firm's Name and Type of Business: _____
 Address: _____
 Supervisor's Name and Position: _____ Phone: _____
 Your Duties: _____

3. From: _____ To: _____
 Month/Year Month/Year

Firm's Name and Type of Business: _____
 Address: _____
 Supervisor's Name and Position: _____ Phone: _____
 Your Duties: _____

IV. SOURCES OF FUNDING FOR COLLEGE EXPENSES

SOURCE	PERCENTAGE
1. Earned From Work:	
2. From Parents/Guardians:	
3. From Loans:	
4. From Scholarships:	
5. Other Sources:	
Total:	100%

V. ADDITIONAL INFORMATION

A. Answer the following questions. You may use a separate sheet to submit your answers.

1. What has been your **most important extracurricular activity**, what has been your most important contribution to it, and what has your participation in it meant to you as an individual?

2. Are you **interested in a career in the construction** industry? **(YES) (NO) (Circle One)** Answer No. 3 and No. 4, only if your answer is **“YES.”** If no, what career does interest you?

3. **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.

4. **What are your specific construction career goals?**

B. Are any members of your immediate family presently employed in the construction industry?

1. **Name:** _____ **Relationship:** _____
Employer: _____
Position in Company: _____

2. **Name:** _____ **Relationship:** _____
Employer: _____
Position in Company: _____

COMPLETION RULES AND REGULATIONS
Two Year Scholarship Program

POSTMARK DEADLINE: March 31st

A. Eligibility

1. Applicants **MUST** be Connecticut-residents enrolled in, or graduating high school seniors, entering a four-year building and construction technology or civil engineering program, or entering a two-year technical school with a construction course of study, with the intent of entering a four-year accredited college upon completion of the technical school.
2. Applicants **MUST** desire a career in construction.
3. Students **MUST** be U.S. Citizens or documented permanent residents of the United States (i.e. must possess a "green card").

B. Requirements

1. Applicant is responsible for ensuring that all of the **following items are submitted as one package** and postmarked by March 31, **2017**:
 - a. Completed **signed application**;
 - b. **One evaluation** form completed **by high school faculty member** familiar with scholastic achievement and school history;
 - c. **Two evaluation forms** completed by **adults** not related to the applicant;
 - d. **Official transcript** of grades or copy of their **high school diploma**.

Incomplete **application packages will NOT be considered.**

C. Awards

1. Scholarships will be a maximum of \$5,000 for a two-year period - \$2,500 per year for tuition and two years student work experience with a local contractor, if available, following participation in the AGC Scholarship Program.
2. Applications will be reviewed and winners selected by the AGC of Connecticut Education Committee, which will consider the applicant's interest in construction, grades, extracurricular activities, employment experience, adult evaluations, and financial status.
3. All applicants selected as semi-finalists will be subject to a personal interview with representatives from the Committee in mid-May. **The winning applicant will be notified in writing by the end of May 2017.**
4. The AGC of Connecticut Education Committee will solely determine all Awards.
5. Checks will be sent directly to the recipient's college or university by the AGC/CT in Mid-August and proof of receipt to the AGC is required by **September 1, 2017**. For subsequent award installments the scholarship winner may be required to provide indications of continued need, continued interest in construction, and continued enrollment and good standing in a college program leading to a B.S. in Construction or Construction/Civil Engineering. **Grade transcripts and upcoming class schedules must be forwarded at the conclusion of each academic year.** If employment is available, recipients will be placed with an AGC/CT contractor for two summers of related work experience and hands-on learning related employment situations following the scholarship program participation.

D. Miscellaneous

1. Send completed application package to: **AGC of Connecticut, 912 Silas Deane Highway, Suite 112, Wethersfield, CT 06109.**
2. For more information or questions call **John W. Butts at 860-529-6855.**

NOTE: You have the ultimate responsibility to ensure that the application, all forms, and transcripts are received by the AGC/CT Education Committee and postmarked by March 31st.

I agree that the application and all attachments may be used for the purposes of evaluation and selection by the AGC of Connecticut Education Committee and/or representatives designated by the AGC of Connecticut Board of Directors.

Signature_____ Date_____

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

2017 Undergraduate Scholarship Program



AGCCT
AGC OF CONNECTICUT

**TO BE COMPLETED
BY SCHOOL
FACULTY MEMBER**

**FACULTY EVALUATION
AGC OF CONNECTICUT UNDERGRADUATE SCHOLARSHIP**



Applicant's Name: _____

Name of Evaluator: _____

School: _____

Address: _____

_____ **Phone:** _____

How long have you known the applicant? _____

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

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

RATING

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

On a separate page, using the above evaluation, please write a paragraph or two indicating your assessment of the applicant's ability to select a goal and achieve it.

Signature _____

Please return to: AGC/CT, Scholarship Committee, 912 Silas Deane Highway, Suite 112, Wethersfield, CT 06109-3433

**TO BE COMPLETED
BY EVALUATOR
(Adult, not related,
other than school
faculty member)**



AGCCT
AGC OF CONNECTICUT

PERSONAL EVALUATION SHEET

**AGC EDUCATION AND RESEARCH FOUNDATION
UNDERGRADUATE SCHOLARSHIP COMPETITION**

Applicant's Name: _____

Name of Evaluator: _____ Position: _____

School: _____

Address: _____

Phone: _____

How long have you known the applicant? _____

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

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor." If you would like to make additional comments about the applicant, please use the reverse side of this form.

RATING

Characteristic	Poor	Below Average			Average		Above Average			Superior	
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Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											

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BY EVALUATOR
(Adult, not related,
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AGCCT
AGC OF CONNECTICUT

PERSONAL EVALUATION SHEET

**AGC EDUCATION AND RESEARCH FOUNDATION
UNDERGRADUATE SCHOLARSHIP COMPETITION**

Applicant's Name: _____

Name of Evaluator: _____ Position: _____

School: _____

Address: _____

Phone: _____

How long have you known the applicant? _____

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

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	0	1	2	3	4	5	6	7	8	9	10
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Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											

On a separate page, using the above evaluation, please write a paragraph or two indicating your assessment of the applicant's ability to select a goal and achieve it.

Signature _____

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