SCHOLARSHIP APPLICATION
Applicants must meet all of the following requirements:

1. Must be a resident of Alabama
2. Must be enrolling in, or attending, a community college, technical school or university in Alabama
3. Must be enrolled/enrolling in a construction-related curriculum
4. Application must be received by November 30
5. Must be recommended by an AGC Member

SCHOLARSHIP APPLICATION

Send by mail to:
Alabama AGC Scholarship Fund
P.O. Box 102066
Irondale, AL 35210
or email to: elizabethm@alagc.org

STUDENT INFORMATION

Name ________________________________________________

Permanent Address __________________________________________________________

City ___________________________ State _________ Zip __________

Date of Birth ___________________ Telephone Number _________________________

Email __________________________

ACADEMIC INFORMATION

Name / Address of high school attended _________________________________________

Graduation Date ___________ High School / College GPA __________ ACT/SAT Score ______

School / College Planning to Attend _____________________________________________

Note: You must attend a school in Alabama to be considered for the scholarship.

Are you currently enrolled in this school? ○ Yes ○ No

If so, what will be your status in the fall? ○ Freshman ○ Sophomore ○ Junior ○ Senior

Will you / do you work while attending school? ______ If so, where? _______________________

How many hours do you work per week? ___________________________

Planned / Current field of study _____________________________________________

Note: Planned field of study must be construction-related. Consideration will be given to students who plan to study in the two-year trades and those four-year students already accepted into their construction-related intended field of study.
Career Objective

FAMILY INFORMATION
Are you a dependent (do your parents / guardians pay your expenses)?  ○ Yes  ○ No

If yes, please fill out parental and sibling information below. If no, skip to spouse information.

Father  ○ Living  ○ Deceased  Name ____________________________
Address _______________________________________________________________________________________
City ____________________________  State _______  Zip __________
Occupation _______________________________________________________________________________________

Mother  ○ Living  ○ Deceased  Name ____________________________
Address _______________________________________________________________________________________
City ____________________________  State _______  Zip __________
Occupation _______________________________________________________________________________________

Spouse  ○ Living  ○ Deceased  ○ Not Applicable
Name ____________________________
Occupation _______________________________________________________________________________________
Number of Dependents _________  Age(s) of Dependents ____________________________

ASSET INFORMATION
How do you plan to finance your education? Please fill in percentage totals that apply.
(ie. 25% Loans, 25% Scholarships, 50% Family Contribution. Combination totals must equal 100%)

_____ % Loans
_____ % Scholarships  Additional Information ____________________________
_____ % Family Contributions  ____________________________
_____ % Personal Contributions  ____________________________
Is any member of your family an AGC Member?  ○ Yes  ○ No
If YES, who?  ____________________________________________  Chapter / Section  ____________________________________________
If NO, recommended by what AGC Member?  ____________________________________________

Please describe your career goals as they relate to the construction industry
and what this scholarship award means for you  ____________________________________________
                                                                                           ____________________________________________
                                                                                           ____________________________________________
                                                                                           ____________________________________________
                                                                                           ____________________________________________

Applicant must provide the following:
Copy of college or high school transcripts (whichever is most recent)
Minimum of one letter of recommendation
Proof of residency (example: copy of state issued identification/license, etc.)

CERTIFICATION AND AUTHORIZATION
I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I also give my consent for the transmittal or communication to the scholarship committee by any academic institution that I have attended of grade, class standing or quality grade information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship.

Signature of Applicant  _______________________________  Date  ________________

Please mail completed application with requested documents no later than November 30 to:
Alabama AGC Scholarship Fund; P.O. Box 102066, Irondale, AL 35210
Or email to: elizabethm@alagc.org