

# 2021 CAGC Foundation Scholarship Application

**INSTRUCTIONS: Printing legibly**, complete & submit scholarship application, along with the following information:

- Two professional letters of recommendation (non-family, preferably current/former employer, supervisor, teacher, and/or Instructor) - Industry Advance/Certification applicants only required to have one letter of recommendation from employer/supervisor
- Essay—typed or printed legibly - maximum 500 words: *“How would this scholarship help you to better yourself and the construction industry?”*
- Official Transcript— Sealed by University/Academic Institution- Required from each Post-Secondary University/Academic Institution you have attended. (Not required for Industry Advancement/Accreditation Applicants)

**Scholarship for which you are applying** (check the appropriate box below):

University/4 Year College

Technical/Trade School

Industry Certified Advancement/Accreditation

## PERSONAL INFORMATION:

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

## ACADEMIC HISTORY (High School & Post-Secondary Education— attach additional, if necessary):

Name of high school attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate? (Check one)  Yes  No Graduation Date : \_\_\_\_\_

If no, did you obtain a G.E.D. Certificate or pass a high school equivalency test? (Check one)  Yes  No

Certificate/Test Date: \_\_\_\_\_ City/State: \_\_\_\_\_

Post-Secondary University/School attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Major/Trade Studied: \_\_\_\_\_ Hours/Semesters Completed: \_\_\_\_\_

Did you graduate? (Check one)  Yes  No Graduation Date : \_\_\_\_\_

## INDUSTRY-RELATED WORK EXPERIENCE/INTERNSHIPS (attach additional, if necessary):

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

## PROFESSIONAL OR ACADEMIC HONORS/AWARDS (include Name of Honor/Award, Issuing Organization, Date of Award):

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SERVICE/AFFILIATIONS (indicate any organizations/associations you serve/belong to):**

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**CURRENT ACADEMIC/TRAINING INFORMATION (Complete only the section for which you are seeking scholarship funding):**

**UNIVERSITY/4 YEAR COLLEGE APPLICANTS:**

Name of University / 4 Year College attending or accepted into: \_\_\_\_\_

Current Academic Classification:  FR  SO  JR  SR  GR

Indicate your current/planned academic major: \_\_\_\_\_

Have you been accepted into this program?  Yes  No

Are you enrolled full-time? (Min. 12 hours per semester)  Yes  No      Expected Semester of Graduation:  FA  SU  SP 20\_\_\_\_\_

**TECHNICAL/TRADE SCHOOL APPLICANTS:**

Name of Trade/Technical School attending or accepted into: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Indicate your current/planned trade/training program: \_\_\_\_\_

Have you been accepted into this program?  Yes  No      Expected Semester of Graduation:  FA  SU  SP 20\_\_\_\_\_

**INDUSTRY CERTIFIED TRAINING /ACCREDITATION APPLICANTS:**

Name of accredited institution providing industry-related course/training: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Indicate name of course of study/accreditation: \_\_\_\_\_

Course/Training Start Date: \_\_\_\_\_ Course/Training Completion Date: \_\_\_\_\_

**AUTHORIZATION / ACKNOWLEDGEMENTS**

\_\_\_\_\_ If awarded a scholarship, I understand that CAGC Foundation will distribute scholarship funds to the financial aid office of my chosen  
(initial) academic/training/accrediting institution. I understand that no scholarship funds will be issued directly to me.

\_\_\_\_\_ If awarded a scholarship, I release to Carolinas AGC & CAGC Foundation, the right to use my name, submitted information, and picture for  
(initial) print and video materials, reports and press releases, without compensation.

I certify that the information herein are true to the best of my knowledge and grant permission for the information contained herein to be shared with CAGC Foundation and its representatives.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return your completed application & requested information to:

CAGC Foundation, Inc. • c/o Chelsea Andujar • 4824 Parkway Plaza Blvd, Suite 115 • Charlotte, NC 28217

*Responsibility of applicant to ensure all items are postmarked on or before April 23, 2021*