

APPLICATION FOR THURMAN POTTS-AGC SCHOLARSHIP

Applicant please complete ALL sections of this application, Type or print using black ink. Use N/A if question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation.

I. PERSONAL

A. Name (Last,First,Middle): _____

B. Address (Number & Street, City, State,Zip): _____

1. Home: _____

2. College: _____

C. At which address can you be contacted? Home _____ College _____

D. Telephone: _____ Cell Phone: _____

Email address: _____

E. Present Age: _____ F. Date of Birth: _____ G. Social Security #: _____

H. Are you a U.S. Citizen? _____ If not a U.S. Citizen, what type of visa do you hold? _____
(Attach copy of proof)

I. Marital Status: _____ Spouses Name: _____
Number of Dependents: _____

J. Parent or legal guardian's name: _____ Relationship: _____

K. Address, if different that 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 or anticipated graduation.

Institution Attendance (from/to) Major Mo./Yr of completion/anticipated graduation date*
1. _____

Check one: ___ High School ___ Two Year Program ___ 4-5 Year Program

2. _____

Check one: ___ High School ___ Two Year Program ___ 4-5 Year Program

3. _____

Check one: ___ High School ___ Two Year Program ___ 4-5 Year Program

4. _____

Check one: ___ High School ___ Two Year Program ___ 4-5 Year Program

5. _____

Check one: ___ High School ___ Two Year Program ___ 4-5 Year Program

* (Scholarship awards may be based on this date)

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.

C. Current year in college: ___ Sophomore ___ Junior ___ Senior

D. Cumulative GPA: _____

E. 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 (Mo/Yr): _____ To (Mo/Yr): _____
Firm's Name and Type of Business: _____
Address: _____
Supervisor Name/Position: _____ Tel: () _____
Your Duties: _____
Salary \$: _____

2. From (Mo/Yr): _____ To (Mo/Yr): _____
Firm's Name and Type of Business: _____
Address: _____
Supervisor Name/Position: _____ Tel: () _____
Your Duties: _____
Salary \$: _____

3. From (Mo/Yr): _____ To (Mo/Yr): _____
Firm's Name and Type of Business: _____
Address: _____
Supervisor Name/Position: _____ Tel: () _____
Your Duties: _____
Salary \$: _____

4. From (Mo/Yr): _____ To (Mo/Yr): _____
Firm's Name and Type of Business: _____
Address: _____
Supervisor Name/Position: _____ Tel: () _____
Your Duties: _____
Salary \$: _____

IV. SOURCES OF FUNDING FOR COLLEGE EXPENSES

<u>SOURCE</u>	<u>PERCENTAGE</u>
1. Earned from work	_____
2. From Parents/Guardian	_____
3. From Loans	_____
4. From Scholarships	_____
5. Other Sources	_____
Total:	<u>100%</u>

V. ADDITIONAL INFORMATION

A. Answer the following questions using only 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? _____

2. Are you interested in a career in the construction industry? ___ Yes ___ No (check 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.a. Name: _____ b. Relationship: _____
c. Employer: _____
d. Position in company: _____

2.a. Name: _____ b. Relationship: _____
c. Employer: _____
d. Position in company: _____

I agree that the application and all attachments may be used for the purpose of evaluation and selection.

Applicant's Signature

Date

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

NOTE: To be completed by Evaluator, an adult NOT related to the applicant and who is NOT a school faculty member.

PERSONAL EVALUATION SHEET

Name of Student: _____
 (Last, First, Middle or Initial)

Your name has been given as a reference by the above student who has applied for a scholarship from Louisiana Associated General Contractors to study construction or construction/civil engineering. Your evaluation is important to us in considering this application.

Name of Evaluator: _____ Position: _____
 Firm: _____
 Address: _____
 Telephone: () _____

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observation 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.

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

Using the above evaluation indicate your opinion of the applicant's ability to select a goal and achieve it:

 Signature

