



**SOUTH CENTRAL WALL,  
CEILING & PLASTER  
ASSOCIATION  
(SCWCPA) FOUNDATION**

**320 Westway Place, Ste. 501  
Arlington, TX 76018  
Phone (817) 461-0676  
Fax (817) 461-0686  
info@tlpca.org**

## 2012 Scholarship Application

**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. **Mail complete package to:** (SCWCPA) Foundation, 320 Westway Place, Suite 501 Arlington, TX 76018. Package must be **postmarked by November 30, 2011**

**Office Use Only**

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**I. PERSONAL**

A. Name \_\_\_\_\_  
LAST FIRST MIDDLE

B. Address: 1. Home \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

2. College \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

3. Email Address \_\_\_\_\_

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

D. Telephone: 1. Home \_\_\_\_\_ 2. College \_\_\_\_\_ 3. Phone number where  
you can be contacted in January/early February \_\_\_\_\_

E. Present Age (Optional) \_\_\_\_\_

F. Are you a U.S. Citizen?     Yes     No

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

G. Marital Status     Single     Married

1. Spouse's name \_\_\_\_\_

2. Number of dependents \_\_\_\_\_

H. Parent or legal guardian's name \_\_\_\_\_

Relationship \_\_\_\_\_

Address, if different than item B1 above \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

## II. SCHOLASTIC INFORMATION

- A. Provide colleges and/or universities you have attended or any currently attending, with the most recent first. Be sure to indicate month and year of completion or anticipated graduation date.

Institution	Attendance (from/to)	Major	Month and Year of Completion or Anticipated Graduation Date
1. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		
2. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		
3. _____	CHECK ONE: <input type="checkbox"/> 2 YEAR PROGRAM <input type="checkbox"/> 4 YEAR PROGRAM <input type="checkbox"/> 5 YEAR PROGRAM		

- B. Current year in college  Freshman  Sophomore  Junior  Senior  N/A

- C. Provide on a separate sheet 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.

- D. If you are currently enrolled at a High School, please provide the institution's name, mailing address and a telephone number for your counselor.

HIGH SCHOOL	COUNSELOR	TELEPHONE
STREET ADDRESS	CITY	STATE
		ZIP

- E. In what program do you expect to earn your degree? \_\_\_\_\_  
PROVIDE EXACT DEGREE TITLE, I.E. B.S. IN CONSTRUCTION ENGINEERING

- F. Are you enrolled in a cooperative Education Program?  Yes  No  
 If 'Yes', include a copy of your work/class schedule.

- G. Specify Grade Point Average below and send an official grade transcript from the school you are presently attending, as well as transcripts from all previously attended school(s).

- Cumulative GPA \_\_\_\_\_
- Major GPA \_\_\_\_\_

- H. In what extracurricular activities have you participated in **while attending high school or college?** Indicate elected offices held, if any. Specify purpose of local organizations. Add additional sheets as necessary.

- Student activities (student government, sorority, National Honor Society, etc.)  
 \_\_\_\_\_

- Community activities (boys and girls club, church, etc.)  
 \_\_\_\_\_

- Athletics \_\_\_\_\_

- Other \_\_\_\_\_

- I. List any honors, awards, etc., you have received while in high school or college.

\_\_\_\_\_

\_\_\_\_\_

### III. EMPLOYMENT HISTORY

A. List below all internships, 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

Name and Type of business \_\_\_\_\_

Address \_\_\_\_\_

Your Duties \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Name and Type of business \_\_\_\_\_

Address \_\_\_\_\_

Your Duties \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Name and Type of business \_\_\_\_\_

Address \_\_\_\_\_

Your Duties \_\_\_\_\_

### IV. FINANCIAL INFORMATION

A. SOURCE OF FUNDING FOR COLLEGE EXPENSES	PERCENTAGE
1. Earned From Work	
2. From Family Members	
3. From Loans	
4. From Scholarships or Grants	
5. Other Sources (Specify)	
<b>Total:</b>	
Estimated Annual College Expenses (tuition, room, board, books)	\$

B. 1. **Excluding 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? \_\_\_\_\_

**V. ADDITIONAL INFORMATION**

Answer the following questions using only the space provided below.

A. Do you plan to pursue a career in the construction industry after graduation?  Yes  No  
If answer is 'Yes', please answer questions 1-4 below. If 'No', skip to 3 and 4.

1. 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.

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2. What area of the construction industry are you most interested in?  Homebuilding  
 Municipal/Utilities  Commercial Building  Highway/Heavy Civil  Design  
 Other (explain) \_\_\_\_\_

3. Where do you want to work after graduation? \_\_\_\_\_  
I.E. DALLAS, OKLAHOMA CITY, CALIFORNIA, ETC.

4. What are our specific career goals after graduation? Five years later?

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

Yes  No

1. a. Name \_\_\_\_\_ b. Relationship \_\_\_\_\_  
c. Employer \_\_\_\_\_  
d. Position in company \_\_\_\_\_  
e. Is this a TLPCA (SCWCPA) member firm?  Yes  No  Unknown

2. a. Name \_\_\_\_\_ b. Relationship \_\_\_\_\_  
c. Employer \_\_\_\_\_  
d. Position in company \_\_\_\_\_  
e. Is this a TLPCA (SCWCPA) member firm?  Yes  No  Unknown

**APPLICANT SIGNATURE**

I affirm that all information provided in this application, along with all attachments, are true and may be used for the purposes of evaluation and selection by the TLPCA (SCWCPA) Foundation and/or representatives designated by the Committee.

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

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