2014 - 2015 Academic Year Scholarship Application Instructions

1. YOU ARE ELIGIBLE IF....
   A. You are currently or will be enrolled full-time in the 2013-2014 academic year in an accredited college, university or trade school within the State of Michigan with a current minimum 3.0 GPA.
   B. You are or will be pursuing course of study directly related to the construction industry i.e., Architecture, Engineering, Electrical, Mechanical, Construction Management/Technology, Facilities Maintenance....

2. AWARD PROCESS
   A. The Grand Rapids Chapter CSI Academic Affairs Committee will review the applications and select the recipients. Their decision will be made based on the following criteria:
      1. Scholastic ability of applicant.
      2. References presented by the applicant.
      3. Financial need.
      4. How applicant will benefit from receiving this scholarship.
      5. The applicant or family member is a member of CSI; not mandatory but will be considered in final determination.
   B. The actual dollar amount of the award will be determined by the Committee and based on available funds.
   C. Successful recipients and school advisors will be notified of awards by May 16, 2014. The awards will be presented at the CSI Scholarship Golf Outing on June, 2014.
   D. The awards will be made payable jointly to the recipient and recipient's academic institution.

3. SUBMITTAL INSTRUCTIONS
   A. Your completed application must include the following:
      1. A completed Scholarship Application form, copies of transcripts and your attachments.
      2. Three references, one must be from an educational advisor and two other references from other educational advisor(s), employer(s), volunteer organization(s), family or friends. Your references must arrive separate from your application.
      3. Write one page about yourself, your future and need for financial assistance.
   B. You are encouraged to include additional information to support your scholarship application. (These are optional and must be received before the application deadline.):
      2. Photocopies of awards you received with name and phone number of a person who can verify the award written on back.
      3. Photocopies or other documents certifying your membership in the student affiliate of various professional organizations or past participation with CSI. Include your current membership expiration.
   C. The Grand Rapids Chapter CSI Academic Affairs Committee must receive your application no later than midnight on April 18, 2014. References must also arrive by this date. Return application before the deadline to:

   Grand Rapids Chapter CSI
   Attention: Scholarship Selection Committee
   P.O. Box 2826
   Grand Rapids, MI 49501
   (See the CSI Grand Rapids Web site for Application Forms)
APPLICATION
(ALL INFORMATION WILL BE KEPT COMPLETELY CONFIDENTIAL)

Name: ____________________________ (Last)  (First)  (Initial)

School Address: __________________________________________________________

Home Address: __________________________________________________________

Phone No. at School: _____________________________ at Home: _____________________________

Date of Birth: _____________________________ Marital Status: _______

Siblings Living at Home: _____________________________ No. Children/Dependents: _____________________________

Email address: _____________________________

ACADEMIC EXPERIENCE
List prior academic experience:

College: _____________________________ Dates: ____________ Major: _____________________________

______________________________ Dates: ____________ Major: _____________________________

High School _____________________________ Dates: ____________ Major: _____________________________

Other: _____________________________ Dates: ____________ Major: _____________________________

Current enrollment information:

Academic Institution: ____________________________________________ Full-time

Course of study: Degree /Trade/Apprenticeship Program

Expected graduation/completion date: ____________

Grade point average: _________ as of ____________ based on 6  5  4  3  2  point scale.

Current No. of credit hours enrolled in: ____________ this quarter/semester _____________

CURRENT EMPLOYMENT/VOLUNTEER PROGRAM

(Complete if working/volunteering during academic year)

Employer: _____________________________ Supervisor: _____________________________

Address: ____________________________ Phone: _____________________________

Number of hours employed per week during the academic year: _____________________________

Salary: ___________________________ Duties: _____________________________
FINANCIAL

List your current academic costs. Describe the fee basis, such as hours or major:

Basic Tuition: ____________________________ $ __________________

Educational Fees: ____________________________ $ __________________

Institutional Fees: ____________________________ $ __________________

Books: ____________________________ $ __________________

Other: ____________________________ $ __________________

Total Non-Living Expenses $ __________________

List your current financing sources:

What percentage of your college expenses is being paid for by:

Yourself _______________ Parent(s) _______________ Other (scholarships, grants, loans, etc.)

Describe your “other” sources briefly. Include amount, how often and how long available.

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Your family’s financial picture:

Spouse’s occupation: ____________________________ Salary: _______________

Employer’s name and city: ____________________________

Father’s occupation: ____________________________ Salary: _______________

Employer’s name and city: ____________________________

Mother’s occupation: ____________________________ Salary: _______________

Employer’s name and city: ____________________________

Including yourself, how many members of your immediate family will be in college next year, full or part-time?

Siblings ____________________________ Dependents ____________________________
REFERENCE FORM

Applicant: Fill in this top section and give this form to your Reference.

Applicant's Name: ________________________________
Name of Advisor: ________________________________
Academic Institution: ________________________________
Address: ________________________________ Phone: ________________________________

Reference: Fill in this section, or if you prefer, write a separate letter and attach it to this form.

How long and under what conditions have you known this applicant?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please provide information on the applicant's personal responsibility, dependability, and leadership capabilities.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please provide information on applicant's academic record, and personality.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I recommend this applicant: strongly willingly reservedly do not (circle one )

Signature: ________________________________ Date: ________________________________

ALL INFORMATION WILL REMAIN COMPLETELY CONFIDENTIAL.
MUST BE RECEIVED BY APRIL 18, 2014

Mail to: Grand Rapids Chapter CSI
Attention: Scholarship Selection Committee
P.O. Box 2826
Grand Rapids, MI 49501