



2020 Merit Shop Construction Scholarships Applications are now Available!

Sponsored by: Lunseth Plumbing & Heating, Co., Inc., Protouch Painting, Inc., The Builder's Group and Willmar Electric Service

- Education Sponsor: MN/ND Chapter of Associated Builders and Contractors, Inc.
- Administrator: Construction Education Foundation of MN (CEF of MN)
- Purpose: To improve the science of construction by providing financial assistance to individuals seeking to further their education in a career in construction.
- Eligibility: Any individual who is/will be attending a post-secondary institution for construction-related education and:
- Employed by a member in good standing with the MN/ND Chapter of Associated Builders and Contractors *or* a son or daughter of that employee
 - Any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, M State, South Dakota State University, North Dakota State College of Science, and a member of the ABC Student Chapter
 - Any individual who is classified as a veteran within the United States Armed Services.
- Scholarship Amount: The amount of any scholarship to an individual in one year will be \$1,000-6,000.
- Application: Writing, emailing or calling the ABC Office at 952-941-8693 can secure application forms.
- Deadline: Application form and supporting documents must be received at the MN/ND ABC office by 5:00pm on **May 28th, 2020**.
- Recipient Selection: Recipients will be selected by the Construction Education Foundation of Minnesota (CEF of MN) Trust on the basis of merit and without regard to race, color, religion, national origin or sex of applicants.



MN/ND ABC Merit Shop Construction Scholarship Application

Date _____

This application is to be used by any individual who is/will be attending a post-secondary institution for construction-related education and meets one of the below requirements:

- Employed by a member in good standing with the MN/ND Chapter of Associated Builders and Contractors *or* a son or daughter of that employee.
- Any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, North Dakota State College of Science, and a member of the ABC Student Chapter
- An individual who is classified as a veteran within the United States Armed Services Competition rules and instructions are attached to this application. All application information must be submitted to the MN/ND ABC no later than May 28th, 2020.

PERSONAL

1. Name in Full _____ Soc. Sec # _____
(Last) (First) (MI)
2. Present Address _____
3. Permanent Address _____
4. Phone Number (Present) _____ (Permanent) _____
5. Date of Birth _____ State of birth _____
6. Parent/Legal Guardian _____ Relationship _____
7. Address of parent/legal guardian _____
8. Occupation of Father/Legal Guardian _____
9. Occupation of Mother/Legal Guardian _____
10. Indicate the amount of money you have earned since high school graduation or during the previous 12 months. \$ _____



ACADEMIC

- a. List in Chronological order all schools you have attended or are currently attending together with course pursued.

School & City:

Dates:
(from-to)

Completion
Date:

Type of Degree:
Diploma/Certificate:

Attach separate sheet(s) providing 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 present time. Include specific month, year and type of activity.

EXTRACURRICULAR ACTIVITIES

List extracurricular activities you have participated in since the 10th grade or the past 3 years. Indicate elective offices you have held (Attach separate sheet if needed).

- a. Student organizations _____

- b. Community activities _____

- c. Athletics _____

- d. Other _____



EMPLOYMENT HISTORY

List below full-time employment, summer employment, or other part-time work during the past three years/briefly explain duties and responsibilities (beginning with you most recent job). If part-time work, indicate number of hours per week. Use additions sheet with the same format, if necessary.

From(month)_____To(month) _____Year _____ Firm's name _____ Type of Business (construction, retail, etc.) _____ Address _____ Supervisor's name and position _____ Your duties _____ _____
From(month)_____To(month) _____Year _____ Firm's name _____ Type of Business (construction, retail, etc.) _____ Address _____ Supervisor's name and position _____ Your duties _____ _____

ADDITIONAL INFORMATION

Answer the following questions using only the space allotted.

- a. Are you pursuing in a career in construction? YES NO
- b. What construction field interests you? _____

- c. Why are you interested in a career in the construction industry? (Please attach a separate sheet if more space is required) _____



d. What events or series of events led you to this decision?

(Please attach a separate sheet if more space is required)

e. Are any members of your immediate family involved in the construction industry?

f. At what School/Program do you plan to use this grant? _____

g. What will be the cost of your tuition, books and /or educational materials over the next 12 months? _____

h. Where did you learn about this program? _____

Return by: May 28th, 2020

I agree that this application and all attachments may be used for the purpose of evaluation and selection of recipients of the Merit Shop Construction Scholarship. Further, I hereby waive any and all rights which I may have under 20U.S.C.A> Section 12232(g) or any other provision of law regarding disclosure of any personally identifiable information or confidential letters, recommendations or statement made by my past or present academic advisors, educators, education institutions and employers. I have read and understood this waiver and acknowledge that execution of this waiver is not required for scholarship eligibility.

Signature _____ Date _____

Checklist for complete application:

- Student application, p. 2-5
- Academic Advisor Form (mailed/emailed directly to ABC Education Director), p. 6-7
- Employer Evaluation Form (mailed/emailed directly to ABC Education Director), p. 8-9
- Academic transcripts sent directly to ABC Education Director *or* included with application



ABC MERIT SHOP SCHOLARSHIP APPLICATION - ACADEMIC ADVISOR FORM

APPLICANT NAME _____

This form is to be filled out by the academic advisor at your current school or last school attended. When complete, the advisor should return the form, via mail, as indicated. Before giving the form to your academic advisor, do the following:

1. Read the consent and waiver provisions.
2. Sign and date where indicated.
3. PRINT your name on the line marked APPLICANT NAME.
4. Make arrangements to send your academic transcripts (from your current school or last school attended) with this application. Your advisor may send the transcripts along with evaluation form or you may send them with your personal application. **YOU ARE RESPONSIBLE FOR MAKING CERTAIN THE CEF of MN RECEIVES THEM BY MAY 28TH, 2020.**

Consent and Waiver

I hereby consent to the release of any information concerning my educational background and status as a student by any of my present or past educators or educational institutions. Further, I hereby waive any and all rights which I may have under 20 U.S.C.A. Section 1232(g) or any other provisions of law regarding disclosure of any personally identifiable information or confidential letters, recommendations or statements made by my past and present academic advisor, educators, educational institutions and employers. I have read and understood this waiver and acknowledge that executions of this waiver are not required for scholarship eligibility.

Date: _____

Applicant Signature: _____

ADVISOR:

APPLICANT NAME: _____
(print)

The above-named individual is applying for one of the ABC Family Construction Scholarship Grants to be awarded. Please complete this form and mail it directly to:

Attention: Education Director
MN/ND ABC
10193 Crosstown Circle, Eden Prairie, MN 55344
Or email to tom.kennedy@mnabc.com

Your attention is directed to consent and waiver provisions above which the applicant has executed so that you may be totally candid in your response. All information received will be utilized only by the CEF of MN and held in the strictest confidence.

This form must be completed and submitted no later than May 28th, 2020



Name of Advisor (print) _____ Title _____

Name of School _____

Address/City/State/Zip _____

How long have you known the applicant? _____

How often and in what situations have you been in contact with applicant? _____

EVALUATIONS OF SOCIAL AND PERSONAL TRAITS

Please grade student applicant in each of the categories listed below.

	Below Average	Average	Above Average	Superior	Remarks
Cooperation	[]	[]	[]	[]	_____
Courtesy	[]	[]	[]	[]	_____
Dependability	[]	[]	[]	[]	_____
Initiative	[]	[]	[]	[]	_____
Leadership	[]	[]	[]	[]	_____
Maturity	[]	[]	[]	[]	_____
Self-Control	[]	[]	[]	[]	_____

In your opinion, do you believe the applicant has the ability to select a goal and achieve it?

From the results of the above tabulation, this student ranks or did rank _____ in class of _____.

Number of days absent from school during the past twelve months: _____

Additional remarks: _____

Signature: _____ Date: _____



**ABC MERIT SHOP SCHOLARSHIP APPLICATION – EMPLOYER EVALUATION
FORM**

APPLICANT NAME _____

This form is to be filled out by the employer at your current place of employment. When complete, the employer should return the form, via mail, as indicated. Before giving the form to your employer, do the following:

1. Read the consent and waiver provisions.
2. Sign and date where indicated.
3. PRINT your name on the line marked APPLICANT NAME.

Consent and Waiver

I hereby consent to the release of any information concerning my educational background and status as a student by any of my present or past educators or educational institutions. Further, I hereby waive any and all rights which I may have under 20 U.S.C.A. Section 1232(g) or any other provisions of law regarding disclosure of any personally identifiable information or confidential letters, recommendations or statements made by my past and present academic advisor, educators, educational institutions and employers. I have read and understood this waiver and acknowledge that executions of this waiver are not required for scholarship eligibility.

Date: _____

Applicant Signature: _____

EMPLOYER:

APPLICANT NAME: _____
(print)

The above-named individual is applying for one of the ABC Merit Shop Construction Scholarship Grants to be awarded. Please complete this form and mail it directly to:

Attention: Education Director
MN/ND ABC
10193 Crosstown Circle, Eden Prairie, MN 55344
Or email to tom.kennedy@mnabc.com

Your attention is directed to consent and waiver provisions above which the applicant has executed so that you may be totally candid in your response. All information received will be utilized only by the CEF of MN and held in the strictest confidence.

This form must be completed and submitted no later than May 28th, 2020

Name of Supervisor (print) _____ Title _____

Name of Employer _____



Address/City/State/Zip _____

How long have you known applicant? _____

How often and in what situations have you been in contact with applicant? _____

EVALUATIONS OF SOCIAL AND PERSONAL TRAITS

Please grade applicant in each of the categories listed below.

	Below Average	Average	Above Average	Superior	Remarks
Cooperation	[]	[]	[]	[]	_____
Courtesy	[]	[]	[]	[]	_____
Dependability	[]	[]	[]	[]	_____
Initiative	[]	[]	[]	[]	_____
Leadership	[]	[]	[]	[]	_____
Maturity	[]	[]	[]	[]	_____
Self-Control	[]	[]	[]	[]	_____

In your opinion, do you believe the applicant has the ability to select a goal and achieve it?

From the results of the above tabulation, this employee ranks or did rank _____ in
group of _____.

Number of days absent from work during the past twelve months: _____

Additional remarks: _____

Signature: _____ Date: _____