



## 2019 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 employed or a son or daughter of that employee by a member in good standing with the MN/ND Chapter of Associated Builders and Contractors or any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, M State, South Dakota State University, and a member of the ABC Student Chapter or an 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 \$1,000-4,000.
- 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 10<sup>th</sup>, 2019.**
- 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 Construction Scholarship Program**

The MN/ND ABC Merit Construction Scholarship Program is sponsored by the MN/ND Chapter of Associated Builders & Contractors, Inc. (MN/ND ABC), Duane Javens/Javen's Mechanical Contracting Co., Lunseth Plumbing & Heating Co., Inc., Protouch Painting, Inc., The Builder's Group and Willmar Electric Service, and is administered by the Construction Education Foundation of Minnesota (CEF of MN).

The purpose of the Merit Shop Construction Scholarship Program is to assist individuals seeking to further their education in careers in construction. This assistance is provided through scholarship grants. Any individual who is employed or a son or daughter of that employee by a member in good standing with the MN/ND Chapter of Associated Builders and Contractors or any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, M State, South Dakota State University, and a member of the ABC Student Chapter or an individual who is classified as a veteran within the United States Armed Services is eligible to apply for a MN/ND ABC Merit Shop Construction Scholarship.

Scholarship recipients will be selected by the CEF of MN solely on the basis of merit and without regard for the race, color, religion, national origin or sex of applicants. Individuals must submit all required forms and related materials on or before May 10th, 2019 in order to be considered.

It is anticipated that two scholarships will be awarded for the 2019-2020 academic year to the individual who is eligible. The scholarship amount will be \$1,000-4,000.



## MN/ND ABC Merit Shop Construction Scholarship Application

Date \_\_\_\_\_

THIS APPLICATION IS TO BE USED BY: Any individual who is employed or a son or daughter of that employee by a member in good standing with the MN/ND Chapter of Associated Builders and Contractors or any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, M State, South Dakota State University, and a member of the ABC Student Chapter or an individual who is classified as a veteran within the United States Armed Services is eligible to apply for a MN/ND ABC Merit Shop Construction Scholarship. Competition rules and instructions are attached to this application. All application information must be submitted to the MN/ND ABC no later than May 10th, 2019.

### 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 Health \_\_\_\_\_
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. \$ \_\_\_\_\_



Minnesota/  
North Dakota Chapter



**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 10<sup>th</sup> 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 \_\_\_\_\_  
\_\_\_\_\_



Minnesota/  
North Dakota Chapter



**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.

1. From(month) \_\_\_\_\_ To(month) \_\_\_\_\_ Year \_\_\_\_\_  
 Firm's name \_\_\_\_\_  
 Type of Business(construction, retail, etc.) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's name and position \_\_\_\_\_  
 Your duties \_\_\_\_\_  
 \_\_\_\_\_
  
2. 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) \_\_\_\_\_  
 \_\_\_\_\_



Minnesota/  
North Dakota Chapter



- 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 10th, 2019

*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 \_\_\_\_\_



**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 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 10<sup>TH</sup>, 2019.**

**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 is 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

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 RETURNED NO LATER THAN May 10th, 2019**

Name of Advisor (print) \_\_\_\_\_ Title \_\_\_\_\_



Minnesota/  
North Dakota Chapter



Name of School \_\_\_\_\_

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

How long have known applicant? \_\_\_\_\_

How often and in what situations have been in contact with student applicant? \_\_\_\_\_

EVALUATIONS OF SOCIAL AND PERSONAL TRAITS

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

	Below		Above		
	Average	Average	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: \_\_\_\_\_





Minnesota/  
North Dakota Chapter



**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:

- 5. Read the consent and waiver provisions.
- 6. Sign and date where indicated.
- 7. PRINT your name on 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 is 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

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 RETURNED NO LATER THAN May 10th, 2019**

Name of Supervisor (print) \_\_\_\_\_ Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

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



Minnesota/  
North Dakota Chapter



How long have known applicant? \_\_\_\_\_

How often and in what situations have been in contact with student 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: \_\_\_\_\_