



# 2023 Merit Shop Construction Scholarships Applications are now Available!

**Sponsored by:** The Builders Group, Lunseth Plumbing & Heating, Protouch Painting, Willmar Electric Service, Subsurface, Inc., and Champion Plumbing

**The 2023 Merit Shop Scholarship is also sponsored in memory of  
Mark Klesk**

**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 direct relative of that employee
- Any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, or 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 can secure applications. Online at <http://www.mnabc.com/Education-Training/Scholarships>

**Deadline:** Application form and supporting documents must be received at the MN/ND ABC office by 5:00pm on **May 15<sup>th</sup>, 2023**.

**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

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 direct relative of that employee.
- Any student enrolled in Minnesota State University – Mankato, Minnesota State University – Moorhead, or 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
- All application information must be submitted to the MN/ND ABC no later than May 15<sup>th</sup>, 2023.
- All fields must be completed for the application to be considered complete. Incomplete applications will be returned to the applicant for completion and are still subject to the original due date.
- Any demographic information provided, including biographies and photos, will be redacted from the applications prior to review by the awarding committee.

Read and sign the following agreement:

By my signature, I agree to allow ABC of MN/ND, the CEF of MN, and any scholarship sponsors to use my photo and biography in newsletters and publications if I am awarded a scholarship.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Signature of parent/legal guardian (if under 18) \_\_\_\_\_

Date \_\_\_\_\_



**PERSONAL**

1. Name in Full \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_
2. Mailing Address (street) \_\_\_\_\_  
Mailing Address (city, state, zip) \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Email address \_\_\_\_\_
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. \$ \_\_\_\_\_
11. Eligibility criteria met (must check one):
  - Employed by an ABC member. Name of employer: \_\_\_\_\_
  - Related to employee of an ABC member. Relationship and employer: \_\_\_\_\_
  - Member of ABC student chapter. Name of school: \_\_\_\_\_
  - Veteran of the US Armed Services. Branch: \_\_\_\_\_
12. School enrolled in for fall 2023: \_\_\_\_\_  
Trade or occupation being studied: \_\_\_\_\_
13. Include the following with your application:
  - A one- to two-paragraph biography to be used in the ABC newsletter if you are awarded a scholarship.
  - A photo to be included with your biography.



**ACADEMIC**

- a. List in chronological order all schools you have attended or are currently attending along with degree pursued.

School & City:	Dates: (from-to)	Completion Date:	Type of Degree: Diploma/Certificate:
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Attach separate document(s) providing a chronological history of your activities if not continuously enrolled in an educational program since high school graduation. History should begin immediately after high school graduation through present time. Include specifics including 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 document 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 additional document 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.

- 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 document if more space is required) \_\_\_\_\_  
\_\_\_\_\_



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

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\_\_\_\_\_ (Please attach a separate document if more space is required)

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

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

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

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Where did you learn about this program? \_\_\_\_\_

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**Return by: May 15<sup>th</sup>, 2023**

*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 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:

- Photo/bio release signature, p. 2
- Student application, p. 3-6
- Academic Advisor Form (mailed/mailed directly to ABC Education Director), p. 7-8
- Employer Evaluation Form (mailed/mailed directly to ABC Education Director), p. 9-10
- 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, please complete 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 15<sup>th</sup>, 2023.**

**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 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](mailto:tom.kennedy@mnabc.com)

Your attention is directed to consent and waiver provisions above which the applicant has executed so that you may be completely 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 15<sup>th</sup>, 2023**

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		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 create 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 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](mailto: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 15<sup>th</sup>, 2023**

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		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 create 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: \_\_\_\_\_