2020 BUILDING TRADES Scholarship Application

Provided by: The Builders Group of Minnesota  www.tbgmn.com

Completed scholarship application is due to the MMBA office by Monday • April 13, 2020 @ 3:00 pm.

Please print

Name: ___________________________ ___________________________ ___________________________
(First) (Middle) (Last)

Address: ___________________________ ___________________________ __________________________
(Street) (City) (State/Zip)

Home Number: (____) ___________ Cell Number: (____) ___________

Date of Birth: ___ / ___ / ___ Email Address: ___________________________
Month Day Year

High School attended: ___________________________ Graduation date: ___________________________

Name of college you plan to continue your education: ______________________________________
College address: ___________________________ ___________________________ __________________________
(Street) (City) (State) (Zip)

Type: College: _______ Vo-Tech: _______ Other: _______ specify: ___________________________

Major you plan to pursue: ______________________________________

Application is: Accepted: _______ Pending: _______ I will live: On Campus: _______ Off-Campus: _______ Commute: _______

ELIGIBILITY:
Open to a graduating high school student or recent high school student graduate going into the building industry.

Name of father/male guardian: ___________________________ ___________________________
(First) (Last)

Employer: ___________________________ MMBA Member: Yes / No
Position: ___________________________ Work Location (City): ___________________________
Work Phone: ___________________________ Email: ___________________________

Name of mother/female guardian: ___________________________ ___________________________
(First) (Last)

Employer: ___________________________ MMBA Member: Yes / No
Position: ___________________________ Work Location (City): ___________________________
Work Phone: ___________________________ Email: ___________________________

Number of family members living at home and dependent upon parents/guardians for support:
(Including yourself and parents): ___________________________

Number of brothers and sisters dependent upon your parents/guardians currently attending institutions of higher learning? ___________________________

- 1 -
**Work Experience:**

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<tr>
<th>Employer</th>
<th>Dates From / To</th>
<th>Hours worked</th>
<th>Position</th>
<th>Supervisor</th>
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Indicate any plans regarding working while attending school next year: __________________________

List activities, organizations and leadership positions in school and/or community you have had the opportunity to be involved in:

**School:**

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**Community:**

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List hours of service, prizes and/or special recognition you have received in school and/or community:

**School:**

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**Community:**

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Make a statement of your education and career aspirations, including the reason(s) why you have selected your course of study. Be sure to indicate what your plans are after you have completed your education:

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Report any unusual family or personal circumstances you would like to bring to the attention of the scholarship committee:

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Who is the most influential person in your life and why? __________________________

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SCHOLARSHIP CHECK LIST:

- **STUDENT EVALUATION:**
  List one current teacher and one community member (non-relative) you will contact for a recommendation. (See attached “Student Evaluation” forms.)

  1.) ________________________________  2.) ________________________________

  Give your teacher and community member a copy of the attached “Student Evaluation Form”. Return the completed evaluation forms with your scholarship application form.

- **TRANSCRIPT:** A transcript of grades; including your high school ranking.
  I (We) authorize ________________________________ High School to release a transcript of grades to the Mid-Minnesota Builders Association Scholarship Committee.

I (We) agree to abide by the rules of the Mid-Minnesota Builders Association Scholarship Program as detailed/outlined on the scholarship criteria page.

Mail Application to:  Mid-Minnesota Builders Association
17068 Commercial Park Road
Brainerd, MN 56401

Questions: Contact Colleen Faacks (Executive Officer)
Email: cmfaacks@brainerd.net  Phone: (218) 829-4982

Name of person filling out the scholarship application: ________________________________
### STUDENT APPRAISAL # 1: Teacher Evaluation Form

**Student:** ____________________________________________________________

**Teacher:** ___________________________  **Class:** ___________________________  

**Phone:** ___________________________  **Email:** ___________________________  

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Please comment on the following:

1. **Classroom Participation:**  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

2. **Independent Study away from class:**  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

3. **Personal Responsibility:**  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

4. **Consideration of Others:**  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

Tell us why you would recommend this student for a scholarship:  

__________________________________________________________  

__________________________________________________________  

__________________________________________________________  

**Additional Comments:**  

__________________________________________________________  

__________________________________________________________  

__________________________________________________________  

__________________________________________________________  

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**Signature** __________________________________  **Date** __________________________________

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Mid-Minnesota Builders Association  
17068 Commercial Park Road | Brainerd, MN 56401  
Phone: (218) 829-4982 • Fax: (218) 828-3739 • mmba@brainerd.net • www.midmnba.org
STUDENT APPRAISAL # 2: Community Member Evaluation

Student: ____________________________________________________________

Community Member Name: ____________________________________________

Organization you represent: ____________________________________________

Phone: ____________________ Email: ________________________________

Please describe the involvement in community related activities or groups the student participated in. This includes community volunteering and/or service that is either formal or informal and is done in consultation with local nonprofit, governmental, youth groups and community-based organizations, as designed to improve the quality of life for community members.

1. How is the student involved in your organization?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

2. Why would you recommend this student for a scholarship?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   Additional comments: ________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
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   ____________________________________________________________________

Signature ___________________________ Date ____________________________