

ASSOCIATED GENERAL CONTRACTORS OF NORTH DAKOTA SCHOLARSHIP APPLICATION

CONSTRUCTION ENGINEERING OR CONSTRUCTION MANAGEMENT AT NORTH DAKOTA STATE UNIVERSITY , AND
CONSTRUCTION TRADE PROGRAMS AT POST SECONDARY INSTITUTIONS

Name: _____
Last
First
Middle

Address: _____
City
State
Zip

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

1. Institution you will attend: _____ Semester you will enroll:
 Fall Spring Year _____

2. Program Title/Major: _____

3. Date of birth: _____ 4. Place of birth: _____ 5. Are you a citizen of the United States?
 Yes No

6. Have you taken the ACT test? Yes No If Yes, **please attach scores.** If No, when will scores be available?: _____

7. High School Record: Indicate average grades in the following areas: **Please attach current transcript.**
 English _____ Math _____ History _____ Music/Art _____ Languages _____ Science _____ Soc. Studies _____ Vocational _____

8. Rank in class: _____ (rank) out of _____ (no. of students in class) Grade Point Average (on a 4.0 scale) _____

9. Name and City of High School Attended: _____

10. What honors or prizes have you been awarded? _____

11. Why do you wish to enroll in a Construction Curriculum? _____

12. Name of Parent or Guardian: _____ Phone: _____
 Occupation: _____ Address: _____

13. Indicate any conditions affecting the ability of your parents to assist you financially: _____

14. Please request your school counselor, math, science or construction trade instructor to complete the following section of the application form.

Please describe the applicant by checking the appropriate level			
Motivation	_____	_____	_____
	low	average	high
Work Habits	_____	_____	_____
	low	average	high
Leadership	_____	_____	_____
	low	average	high
Appearance	_____	_____	_____
	low	average	high
Stability	_____	_____	_____
	low	average	high
Other comments or recommendations for the applicant: (Please attach)			
This section completed by: (School Official) Name and Title: _____			
School: _____ Telephone: _____			

15. A second general letter of recommendation from another person is requested.

Mail completed form, transcript, ACT scores,
and a letter of recommendation to: _____ Signature of Applicant: _____

Scholarship Committee

AGC of North Dakota

P.O. Box 1624

Bismarck, ND 58502-1624

Date: _____

APPLICATIONS ARE DUE APRIL 27, 2020