

BLACK HILLS HOME BUILDERS ASSOCIATION SCHOLARSHIP PROGRAM



The Black Hills Home Builders Association sponsors two (2) \$1000.00 continuing education scholarships annually. The purpose of the scholarship is to recognize the student's academic excellence, as well as the Black Hills Home Builders Association's member affiliated with the student who is applying, and their active participation in the association. Preference will be given to a child or grandchild of an owner or employee of an association member or a child or grandchild of a BHHBA staff member. The student's area of interest may be in any field. However, preference will be given to applicants with goals of employment related to the Home Building Industry. All applicants must meet the eligibility requirements as listed below. Scholarships will be limited to one per year per award winner. ***The recipient must be enrolling to attend college in the Fall of 2019. If you are awarded a scholarship, and your schooling plans change, you will be asked to forfeit the scholarship for the current year and***

reapply the following year. The eligible individuals will be judged on the basis of scholastic achievement, community service, school and non-school activities and their answers to the essay questions on the application form. The judging will be done impartially without basis of religion, race, gender or age and all scholarship applications are confidential. Deadline for applications is **April 12, 2019 by 5pm**. Award winners will be notified by April 23, 2019. Scholarship monies will be made payable to the scholarship recipient and their registered school, and will be awarded to the student at the May 21, 2019 Membership Meeting.

ELIGIBILITY REQUIREMENTS:

- 1. PREFERENCE WILL BE GIVEN TO A CHILD OR GRANDCHILD OF AN OWNER OR EMPLOYEE OF AN ASSOCIATION MEMBER OR A CHILD OR GRANDCHILD OF A BHHBA STAFF MEMBER.**
- 2. PREFERENCE WILL BE GIVEN TO APPLICANTS WITH GOALS OF EMPLOYMENT IN THE HOME BUILDING INDUSTRY**
- 3. COMPLETED APPLICATION FORM, COVER LETTER, TRANSCRIPTS, 3 REFERENCE LETTERS AND A STATEMENT OF FINANCIAL NEED SHOULD BE RETURNED TO THE BHHBA BY THE APRIL 12, 2019 DEADLINE. IF YOUR APPLICATION IS INCOMPLETE, YOU WILL NOT BE CONTACTED TO COMPLETE IT, AND YOU MAY FORFEIT YOUR CHANCE TO BE CONSIDERED TO RECEIVE THE SCHOLARSHIP.**



Office Use Only
Date Application Received: _____
Application Complete: _____
Application Not Complete: _____

"Your Advocate For The Building Industry"

3121 West Chicago Street, Rapid City, SD 57702

Phone (605) 348-7850 • Fax (605) 348-7864 • E-mail: membership@blackhillshomebuilders.com

NOTE: *If you fax or email your application it is your responsibility to call our office and make sure it was received. Please also be advised that faxed or emailed applications may not be as neat in appearance as a mailed application.*

2019 NEW STUDENTS CONTINUING ED SCHOLARSHIP APPLICATION

Applicant: Please complete ALL sections of this application. Type or print using black ink. Use N/A if question does not apply. **SCHOLARSHIP RULES AND REGULATIONS ARE ON PAGE 4.** **NEATNESS AND COMPLETENESS will be considered during evaluation.**

**Mail complete package to: Black Hills Home Builders Association, Scholarship Committee,
3121 West Chicago Street, Rapid City, SD 57702.**

Applications must be received by April 12, 2019 BY 5PM to be eligible for consideration.

I. PERSONAL

A. Name: _____
Last First Middle

B. Address: _____
Number & Street City State Zip

C. Telephone: Home: _____ College: _____ Cell: _____
E-mail: _____

D. Name of BHHBA Member business, friend or relative of affiliation: _____

E. What is your affiliation to the above listed person _____

II. ASSOCIATION KNOWLEDGE

A. What is your knowledge of the Black Hills Home Builders Association and the services we provide?

III. SCHOLASTIC INFORMATION

A. Provide names, city, and state of high schools, colleges and/or universities you have attended or are currently attending, most recent first. Be sure to indicate month and year of completion or anticipated graduation.

Institution	Attendance Dates (from/to)	Major	Month and Year of Completion or Anticipated Graduation Date
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- | | |
|----------|--|
| 1. _____ | Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program |
| 2. _____ | Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program |
| 3. _____ | Check one: <input type="checkbox"/> High School <input type="checkbox"/> Two-Year Program <input type="checkbox"/> 4-5 Year School Program |

B. 1. List your academic achievements: _____

2. List any community service projects in which you have been or are currently involved: _____

3. List any school activities: _____

4. List any non-school activities: _____

C. 1. What is your field of study? _____

2. Why did you choose this field? _____

3. What might you contribute to your chosen field? _____

D. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- 1. COVER LETTER
- 2. COPY OF MOST RECENT TRANSCRIPT
- 3. A STATEMENT OF YOUR NEED FOR ASSISTANCE
- 4. THREE REFERENCE LETTERS

(Teacher, Employer and Personal Reference)

{Should include information concerning the relationship to applicant, how long individual has known the applicant and an evaluation of social and personal traits of the applicant such as: cooperation, dependability, industriousness, initiative, leadership, maturity and self-control.}

EMPLOYMENT HISTORY

A. List below full-time employment, summer employment, and/or part-time work briefly explaining duties and responsibilities (**beginning with your most recent job**). If part-time work, indicate number of hours per week.

1. From _____ To _____
Month/Year Month/Year
Firm's Name and Type of Business _____
Address _____
Supervisor's Name and Position _____ Phone: _____
Your Duties _____

2. From _____ To _____
Month/Year Month/Year
Firm's Name and Type of Business _____
Address _____
Supervisor's Name and Position _____ Phone: _____
Your Duties _____

3. From _____ To _____
Month/Year Month/Year
Firm's Name and Type of Business _____
Address _____
Supervisor's Name and Position _____ Phone: _____
Your Duties _____

4. From _____ To _____
Month/Year Month/Year
Firm's Name and Type of Business _____
Address _____
Supervisor's Name and Position _____ Phone: _____
Your Duties _____

Date: _____ **Applicant Signature:** _____

Applicant Printed Name: _____