## **BCASWI Scholarship Application**

The following factors will be used to evaluate the scholarship applications. Your application should include information on the following factors:

- Grade Point
- Course Load:
  - High School Classes If just graduating from high school Secondary Education - credit hours/types of classes
- Secondary Education curriculum is building industry related
- Submitted three character reference letters.
- Demonstration of financial need.
- Type of summer work, if you worked.
- Type of work during school year, if you worked.
- What school related activities did you participate in?
- What outside community activities did you participate in?
- A biographical statement.
- Application presentation, completeness & appearance.



## **Applications DUE April 29, 2016**

Qualifications: Any local BCASWI member company, or its employee and their immediate family members.

## **Instructions for Completing Application**

- 1. Application is to be completed by applicant.
- 2. Please type or print clearly.
- 3. Attach the following to the completed application:
  - a. Three (3) character reference letters.
  - b. Transcript of courses completed.
  - c. At least 100 word biographical statement, including educational background, financial need, and other pertinent information about yourself. (All information will be kept confidential). Please attach on a separate piece of paper.
  - d. Explain relationship to BCASWI.
- 4. Notification of all scholarship recipients will be within 4-6 weeks after the deadline.
- 5. Send completed application with attachments to:

BCASWI Scholarship Committee 6206 N. Discovery Way, Ste. A Boise, Idaho 83713

## **BCASWI Scholarship Application**

Applicant's Name					
Permanent Address:					
City: State:					
Phone Number:					
Age Marital Status	# of dependents _				
A. Students employment					
1. Are you currently employed	ed?	BCA Relationshi	ip Company		
YesNo 2. Name of current employer		Member/Employ	Member/Employee Name  Relationship to employee (i.e. self, spouse, dependent)		
		<del></del>			
3. Is the employer a BCA me	ember?	Relationship to e	employee (1.e. se	elf, spouse, dependent)	
YesNo		<b>Educational Insti</b>	Educational Institution where scholarship will be sent:		
4. Position held					
How long have you been there?		Institution Name	Institution Name		
5. Applicant gross wages \$_	<del>_</del> 	Address:			
B. Other sources of funds:					
1. Other Scholarships \$		City	State	Zip	
2. Other Income \$		Course of Study		<del></del>	
(i.e. spouse, savings etc.)					
		Degree Sought			
Educational Institution applicant: ( ) is now attending ( ) will be attending		1	Expected Date of Completion		
	( ) will be attending	\$			
		·	Amount of tuition/fees per semester Books		
Institution Name		Φ.			
Address	\$ Room & Board	\$ Room & Board			
City State	zip	Date payment m	ust be made		
Major/Type of training		Date term begins	S		
Current academic classification		Full-time student Part-time student			
High School Senior	College Junior				
College Freshman	College Senior	Applicant Signat	ture		
College Sophomore	Other (please specify	Date			