



**Associated General Contractors of South Dakota
Highway-Heavy-Utilities Chapter**

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www.sdagc.org

2019/2020 AGC SCHOLARSHIP APPLICATION

This application is to be completed by graduating high school students or students who are enrolled in a construction-related education program at a college/university or technical institute.

Applicant: Please complete **ALL** sections of this application. Type or print using black ink. Use N/A if a question does not apply. *Applicants must be sponsored by an AGC Member. To be considered for the SFCA scholarship, applicants must also be sponsored by a SFCA Member.* A list of AGC and SFCA member firms are attached. You can also contact your school counselor or the AGC of SD office at 1-800-242-6373 or www.sdagc.org. A letter of recommendation is optional, but recommended. Completed applications must be returned to the AGC office, 300 East Capitol Avenue, Suite 1, Pierre, SD 57501, by **May 3, 2019**.

I. PERSONAL

A. Name: _____
Last First Middle

B. Address: 1. Home: _____
Number and Street City State Zip

2. School: _____
Number and Street City State Zip

C. Telephone: Home: _____ Cell: _____

D. Email: _____

II. SCHOOL INFORMATION

A. High School Name: _____

Address: _____
Number and Street City State Zip

Cumulative Grade Point Average: _____ Graduation Date: _____

***Please attach an unofficial academic transcript.*

B. College/University or Technical Institute Name: _____

Address: _____
Number and Street City State Zip

Field of Study / Program Name: _____

Cumulative Grade Point Average: _____ Graduation Date: _____

***Please attach an unofficial academic transcript.*

III. STATEMENT OF FINANCIAL NEED

A. List all previous financial assistance, including the year received:
(examples: scholarships, loans, parental/guardian assistance, other)

B. List all financial assistance you expect to receive next year:

IV. EMPLOYMENT HISTORY

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

1. From _____ To _____
Name and Type of Business: _____
Address: _____
Phone: _____ Supervisor: _____
Duties and Responsibilities: _____

2. From _____ To _____
Name and Type of Business: _____
Address: _____
Phone: _____ Supervisor: _____
Duties and Responsibilities: _____

3. From _____ To _____
Name and Type of Business: _____
Address: _____
Phone: _____ Supervisor: _____
Duties and Responsibilities: _____

4. From _____ To _____
Name and Type of Business: _____
Address: _____
Phone: _____ Supervisor: _____
Duties and Responsibilities: _____

V. ADDITIONAL INFORMATION

A. Do you plan to pursue a career in the construction industry after graduation? _____

Do you plan on staying in the State of South Dakota? _____

B. Why are you interested in a career in the construction industry and what event or series of events led you to this decision? What are your career objectives?

C. List of activities participated in, including dates of participation, offices held, honors received, and other applicable achievements:

D. Where did you hear about this AGC scholarship opportunity? _____
(newspaper, parent, school, online, etc.)

I hereby authorize the AGC of SD, Highway-Heavy-Utilities Chapter to obtain applicable educational information from my high school / technical institute / university to complete my scholarship application.

Applicant Signature

Date

SPONSOR – This is REQUIRED to be considered!

AGC Highway-Heavy-Utilities Chapter Firm Sponsor: _____

Signature and Title

Date

****Sioux Falls Contractors Association Firm Sponsor:** _____

Signature and Title

Date

(**Only required if applying for Sioux Falls Contractors Association Scholarship)