



**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: _____

