



RSMCA Official Scholarship Application

Applicant: Complete ALL Sections of this form. ALL sections must be complete for application to be considered. Mail to: RSMCA of Georgia, 4335 Creek Park Drive., Suite 106, Suwanee, GA 30024. Must be postmarked no later than March 15th 2020.

I. PERSONAL

A. **Applicant's Full Name:** _____
LAST NAME FIRST NAME MIDDLE INITIAL

B. **Home Address:**

STREET ADDRESS

CITY STATE ZIP CODE

PHONE E-MAIL ADDRESS

C. **Current Age** _____ **Date of Birth** _____
MONTH DAY YEAR

E. **Parent or Legal Guardian's Name** _____

F. **Address (if not the same as item B above)**

STREET ADDRESS

CITY STATE ZIP CODE

II. SCHOLASTIC INFORMATION

A. **Provide names, cities and states of all high schools you have attended or are currently attending, listing the most recent first.**

High School	City / State	Attended (from – to)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Date to graduate (or graduated) from high school: _____

C. Date to enter (or entered) college: _____

D. Name of college(s) currently attending or applying to:

College	City / State	Attended (from – to)
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Please provide student ID # for scholarship payment, if selected: _____

2. Please provide scholarship payment information (address, department, etc.) for institution:

E. Number of years of college completed (if any): _____

F. In what program do you expect to obtain a college degree? _____

G. Are you enrolled in a co-operative education program? _____
(If yes, include a copy of your work / class schedule)

H. Specify class rank and send an official transcript and GPA based on courses completed to date.

- High School Senior – Provide an official transcript for the high school you are presently attending
- Transfer Student – Provide official transcripts from all previously attended schools in addition to official transcript from present school.
- College Student – Provide official college transcripts.

Specify Class Rank: _____ of _____

I. Include official SAT / ACT scores: _____ SAT Score _____ ACT Score

J. In what extracurricular activities have you participated while attending high school / college? Indicate elected offices held, if any. Specify purposes of location organizations. Attach additional sheets as necessary.

1) Student activities (Student Government, Key Club, National Honor Society, etc.)

2) Community activities (Boy/Girl Scouts, etc.)

3) Athletics

4) Other

III. Employment History

List full-time summer employment or other part time work, briefly explaining duties and responsibilities (beginning with your most recent job.) If part-time work, indicate number of hours per week. Attach additional sheets as necessary.

1) From _____ to _____, _____

Company Name and type of business _____

Business Address _____

Supervisor's name and position in company _____

Your duties _____ Salary _____

2) From _____ to _____, _____

Company Name and type of business _____

Business Address _____

Supervisor's name and position in company _____

Your duties _____ Salary _____

3) From _____ to _____, _____

Company Name and type of business _____

Business Address _____

Supervisor's name and position in company _____

Your duties _____ Salary _____

4) From _____ to _____, _____

Company Name and type of business _____

Business Address _____

Supervisor's name and position in company _____

Your duties _____ Salary _____

IV. ADDITIONAL INFORMATION

A) Answer both of the following using **only** the space provided. Any additional sheets will not be considered.

1) What difference would be winning the scholarship make in your life?

2) What are your long-term career objectives?

B) What five adjectives have others used to describe you?

1) _____

2) _____

3) _____

4) _____

5) _____

C) What do you perceive to be your five strongest attributes?

1) _____

2) _____

3) _____

4) _____

5) _____

D) Please list two faculty members as references

1) _____
Name Address Phone

2) _____
Name Address Phone

E) Are any members of your immediate family presently employed in the construction industry?

1) _____
Name Address Phone

2) _____
Name Address Phone

F) Briefly explain how you heard about this scholarship offer and who nominated you for the opportunity by giving you this application:

Nominator Name Employer Phone

Note to applicant: Please attach additional sheets to provide any other information that you feel is necessary to complete your application (i.e., letter(s) of recommendation or awards.) **Remember, YOU have the ultimate responsibility to ensure that this application and all personal reference forms, official transcripts and official SAT / ACT scores are postmarked by March 15.**

I agree that the application and all attachments may be used for the purpose of evaluation and selection by the RSMCA Selection Committee and/or representatives designated by the committee. I also affirm that all information enclosed is true and correct to the best of my knowledge. False information is cause for disqualification.

Signature _____ Date _____

COMPETITION RULES AND REGULATIONS
UNDERGRADUATE SCHOLARSHIP PROGRAM Note: Postmark Deadline is March 15, 2020

Applicant is responsible for ensuring that all items listed below are complete and are submitted to the Association postmarked no later than March 15, 2020.

- 1) Completed official application form, signed and dated.
- 2) One personal reference form to be completed by your high school guidance counselor or faculty member if attending college. This form may be completed by your high school principal when guidance counselor information is not available.
- 3) One personal reference form to be completed by an adult who is not related to the candidate and who is not a faculty member.
- 4) Official transcripts of high school grades from all high schools attended.
- 5) Official SAT/ACT scores.
- 6) Current photograph (to be used for publicity purposes only).

PERSONAL REFERENCE

To be completed by an adult not related to the candidate and who is not a faculty member.

Evaluator: Your name has been given as a reference by the below student who has applied for a scholarship from the Roofing & Sheet Metal Contractors Association of Georgia, Inc. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only. **Please complete and mail form to RSMCA, 4335 Creek Park Drive., Suite 106, Suwanee, GA 30024.**

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 15.

Student Name: _____
 LAST NAME FIRST NAME MIDDLE

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant:

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor". If you would like to make additional comments about the applicant, please use the reverse side of this form.

	Poor	Below Average			Average		Above Average			Superior	
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Personal Appearance											

Using the above evaluation, please indicate your opinion of the applicant's ability to achieve excellence:

Name of Evaluator: _____ **Date:** _____

Address: _____ **Phone:** _____

Signature: _____

PROFESSIONAL/EDUCATOR REFERENCE

To be completed by a faculty member, guidance counselor or school principal if no faculty or counselor is available.

Evaluator: Your name has been given as a reference by the below student who has applied for a scholarship from the Roofing & Sheet Metal Contractors Association of Georgia, Inc. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only.

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Name of Evaluator: _____ **Date:** _____

Address: _____ **Phone:** _____

Signature: _____