



Construction Workforce Foundation of Colorado Scholarship Application for College Juniors and Seniors

Applicant Data

Last Name: _____ First: _____ MI: _____

Mailing Address: _____ Apt: _____
(*Permanent Home*)

City: _____ State: _____ Zip Code: _____

Personal Email: _____

Mailing Address: _____ Apt. _____
(*School*)

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

School Email: _____

Education Data

Name of University/College: _____

City: _____ State: _____ Zip Code: _____

Education Major / Degree Expected: _____
(*i.e., BS Engineering, CM Degree, etc*)

Education Minor: _____

Year / Term Expected to Graduate: _____

Cumulative Grade Point Average (GPA): _____

Activities

Briefly Describe Clubs / School-related Activities / Associations / Community Groups in which you are currently active:

Are you currently or have you ever been a member of one of the Professional Organizations listed below?

AGC ASCE CM Club Other: _____

Have you been an Officer in one of these Organizations? Yes No

If yes when: _____

Work Experience

Briefly Describe your Work Experience:

Have you worked for a construction company or a company which sells products or services to the construction industry? If yes, list the company's name.

Has either of your parents worked for a construction company or a company which sells products or services to the construction industry? If yes, list the company's name.

NOTE: Feel free to attach separate page for the following narratives if needed.

Career Goals

Describe your career goals (what you would like to do after graduation) and briefly state your primary area of interest (design, land development, residential, commercial, industrial, heavy civil, highways, bridge, airfield, utility construction, other):

Scholarship Impact

What would receipt of this scholarship mean to you?

What are your anticipated expenses for: Tuition: \$ _____ Books \$ _____
Fees \$ _____ Other _____

Have you been notified this year that you are going to receive other scholarships? If yes, then state from whom, when and for what amount?

Signature

By checking this box, you agree to participate in the CWFC Scholarship Program

Date: _____