

**APPLICATION****(To be completed by Student Applicant)**Please complete ALL sections of this application (use N/A if question does not apply). *Type or print using blue or black ink.*Send ***completed*** application package (see Applicant Checklist for listing of complete package information) to local sponsoring HBA.**Personal Information:**Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

College Address: \_\_\_\_\_

Address for notification (check one):

 College Address  Home Address

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Primary email: \_\_\_\_\_ Alternate email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If you are not a US Citizen, do you have the legal right to remain permanently in the United States?  Yes  No

★ ★ If 'no' to the previous question, please answer the following:

What is your visa status? \_\_\_\_\_

What is your permanent resident-alien number? \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Have you previously applied for the William Morehouse Scholarship?  Yes  No

★ ★ If you have previously been awarded the William Morehouse Scholarship, please use the Return Applicant version of the application. If you have previously applied but did not receive an award, tell us what year you applied below

Award year(s) applied for: \_\_\_\_\_

How did you find out or received information regarding the William Morehouse Scholarship?  
\_\_\_\_\_

**Scholastic Information (To be completed by Student Applicant)**

Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending, most recent first.

2 +/or 4 yr. College/University	Dates of Attendance	Major	Graduation Date	Degree
_____	_____	_____	_____	_____

High School	Dates of Attendance	Major	Graduation Date	Diploma
_____	_____	_____	_____	_____

CTE School	Dates of Attendance	Field of Study	Graduation Date	Diploma
_____	_____	_____	_____	_____

Provide a chronological history of your activities, if not continuously enrolled in school since high school graduation. History should begin immediately after high school until the present time. Include specific month, year, and type of activity.

\_\_\_\_\_

\_\_\_\_\_

If you are not currently enrolled in a college or university, or are planning to transfer to another school, list below those colleges to which you have applied or to which you intend to apply (in order of preference):

College (name, city, state)	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation
_____	_____	_____

What is your program of study? \_\_\_\_\_

Does your college have a construction degree curriculum? \_\_\_\_\_

Are you enrolled in a Cooperative Education Program?  Yes  No

If yes, include a copy of your work/class schedule.

*(Scholarship winners who take part in a Cooperative Education Program will not receive scholarship assistance while working on a co-op)*

- a) **High School Student** - provide a complete *original* transcript from previously attended school(s) in addition to any available grades from present school.
- b) **College Student** - provide cumulative high school GPA, *original* high school transcript and *original* transcript of any college grades recorded to date. ★ ★ **Website printouts are not accepted** ★ ★

List all awards and/or honor received, if any: \_\_\_\_\_

In what extracurricular activities have you participated while attending high school? College?

*Indicate elected offices held, if any.*

Student / Community activities: \_\_\_\_\_

Athletics: \_\_\_\_\_

Other: \_\_\_\_\_

**Employment History (To be completed by Student Applicant)**

List all employment and construction related experiences (summer jobs, internships, etc.) *Use an additional sheet if necessary:*

Dates	Company	Duties	Supervisor	Phone #

Have you had ANY experience in Construction? Why or why not? \_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

Current source of income/Annual amount: \_\_\_\_\_

What is your financial need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel you deserve this scholarship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving financial aid from any other sources?  Yes  No If yes: from what sources and how much:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information (To be completed by Student Applicant)*****Answer the following questions using only the space provided:***

What has been your most important extracurricular activity, along with your important contribution to it, and what has your participation in it meant to you as an individual? \_\_\_\_\_

---



---

Why are you interested in construction, or a construction related field, as a career? What event or series of events has led to this decision? Please explain how your previous work experiences will relate to a construction industry career.

---



---



---

What are your **specific** construction career goals? \_\_\_\_\_

---

Are there any members of your immediate family presently employed in the construction industry?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Position with Company: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Position with Company: \_\_\_\_\_

**I agree that the Board of Directors of the New York State Builders Association Research & Education Foundation and/or representatives designated by the REF Board of Directors may: use the application and all attachments for the purposes of evaluation and selection; obtain any income information necessary for processing this application; and maintain this application and supporting information on file. I further agree that the information provided is true and not misleading and if approved, I will abide by the agreement of the scholarship.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVALUATION SHEET**

(To be completed by applicant's high school/college advisor)

Name of Student Applicant: \_\_\_\_\_

**Instructions to Applicant:**

Allow the advisor at least **two weeks** to complete this form. This form should be returned to you in a sealed envelope, signed across the seal, for you to include within your application materials.

**Instructions to Evaluator:**

Please complete this form and return to the applicant in a sealed envelope, with your signature across the seal. The applicant must submit your evaluation as part of his/her completed application materials. The completed application package must be submitted to the local HBA no later than and be received in the NYSBA office. *If you do not know the applicant well or unable to make a judgment in a particular category, please indicate so. This will not influence the student's application for funding.*

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

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**

Using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor", please rate the applicant compared to a representative group of students you have known during your professional career. 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		N/A
	1	2	3	4	5	6	7	8	9	10	
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Personal Appearance											

Average Evaluation Score \_\_\_\_\_

Using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVALUATION SHEET – Personal Reference**  
(To be completed by non-related adult acquainted to student applicant)

Name of Student Applicant: \_\_\_\_\_

**Instructions to Applicant:**

Allow the evaluator at least **two weeks** to complete this form. This form should be returned to you in a sealed envelope, signed across the seal, for you to include within your application materials.

**Instructions to Evaluator:**

Please complete this form and return to the applicant in a sealed envelope, with your signature across the seal. The applicant must submit your evaluation as part of his/her completed application materials. The completed application package must be submitted to the local HBA no later than and be received in the NYSBA office. *If you do not know the applicant well or unable to make a judgment in a particular category, please indicate so. This will not influence the student’s application for funding.*

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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**

Using a scale of 0 to 10, with “10” being “Superior” and “0” being “Poor”, please rate the applicant compared to a representative group of students you have known during your professional career. 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		N/A
	1	2	3	4	5	6	7	8	9	10	
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Personal Appearance											

Average Evaluation Score \_\_\_\_\_

Using the above evaluation, indicate your opinion of the applicant’s ability to select a goal and achieve it.

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVALUATION SHEET – Personal Reference**  
(To be completed by non-related acquainted to student applicant)

Name of Student Applicant: \_\_\_\_\_

**Instructions to Applicant**

Allow the evaluator at least **two weeks** to complete this form. This form should be returned to you in a sealed envelope, signed across the seal, for you to include within your application materials.

**Instructions to Evaluator**

Please complete this form and return to the applicant in a sealed envelope, with your signature across the seal. The applicant must submit your evaluation as part of his/her completed application materials. The completed application package must be submitted to the local HBA no later than and be received in the NYSBA office. *If you do not know the applicant well or unable to make a judgment in a particular category, please indicate so. This will not influence the student’s application for funding.*

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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**

*Using a scale of 0 to 10, with “10” being “Superior” and “0” being “Poor”, please rate the applicant compared to a representative group of students you have known during your professional career. 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		N/A
	1	2	3	4	5	6	7	8	9	10	
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Personal Appearance											

Average Evaluation Score \_\_\_\_\_

Using the above evaluation, indicate your opinion of the applicant’s ability to select a goal and achieve it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_