

Professional Women in Building Scholarship Application

Scholarship Eligibility

- 1. Applicants must be current high school seniors enrolling in an accredited postsecondary institution OR current college students continuing their education.
- 2. High school seniors: Must either
 - o Be pursuing a career in the construction industry or skilled trades, or
 - Be a family member of a Greater Iowa City Area HBA member (may pursue any field of study).
- 3. College students: Must be pursuing a career in the construction industry or skilled trades.
- 4. Must be a resident of Johnson, Washington, Iowa, or Cedar County in Iowa.
- 5. Completed applications must be postmarked or submitted by email by deadline on March 13th.

PDF Instructions:

- 1. Answer all questions. Note "N/A" if not applicable.
- 2. If Mailing: Do not staple or bind any application materials.
- 3. Print legibly in pen or type.
- 4. Include official transcript. If you graduated in December and are a first semester college student, you must submit official high school and college transcripts.
- 5. Include letter of recommendation. Signed and preferably on letterhead.
- 6. Deliver completed application with requested documents no later than March 13 to:

By Mail: The Greater Iowa City Area Home Builders Association 11 South Gilbert Iowa City, IA 52240

Or email to: eo@hbaofic.org

Questions? Call Ali Salow at 319-351-5333

Student Information:

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(This is our primary way of contacting you. Provide a permanent email address if you have one.)

Academic Information

Name & City of Current School Attending	<u>.</u>					
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Graduation Date:	GPA (does not determine eligibility):					
College Planning to Attend:	Campus Site:					
conege I lamming to Attend.	Campus Site.					
Are you currently enrolled in this colleg	e? □ Yes □ No					
If yes, what will be your status in the fal						
☐ Four-year College: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior						
☐ Two-year/Trade School: ☐ 1st Year ☐	2nd Year					
Planned Field of Study (Major):						
Trained Field of Study (Wiajor).						
Career Objective (what you want to do	for a career):					
Family Information:						
Are you:						
☐ Dependent ☐ Independent						
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If dependent, complete the following inf	ormation. Note "N/A	" if not applicable:				
Father:						
Name:						
Address:	State	7in:				
City: Occupation:		Zīp				
Occupation.						
Mother:						
Name:						
Address:						
City:	State:	Zip:				
Occupation:						
Other Legal Guardian:						
Name:						
Address:	Ct. t	7.				
City:						
Occupation:						
Number of older brothers or sisters:						
Number of younger brothers or sisters:						
How many siblings currently attend colleg						
TO. 1		. 19 11				
If independent, complete spouse informa	ition. Note "N/A" if n	ot applicable:				
Spouse:						
Name:						

Number of Dependents: Age(s) of Dependent(s):
Asset Information: How do you plan to finance your education? (Check all that apply)
Loans: \square Yes \square No
Scholarships: ☐ Yes ☐ No
Grants: ☐ Yes ☐ No
Family Contributions (including support from parents, step-parents, spouse, and others): ☐ Yes ☐
No
Job Earnings
Are you currently employed? ☐ Yes ☐ No Place of employment:
Will you be employed while you are in school? ☐ Yes ☐ No
Please note other financial information to be considered:
School, Community Involvement:
Please list any school, community, or church activities in which you have participated.
Connection to Construction Trades: What is your background or involvement in the home building industry and related trades? (Use additional paper if necessary.)
What role do you think the home building industry plays in the economy of Iowa? (Use additional paper if necessary.)
Is anyone in your family a member of the Home Builders Association? ☐ Yes ☐ No
If yes, family member's name: Relationship to you:

Company Name: Which Home Builders Association are they a member of?
CERTIFICATION AND AUTHORIZATION:
I hereby certify that the information contained in this application is true and correct. I

I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship. I also agree to provide a photograph and short acceptance testimonial if chosen.

Signature of Applicant			
Date	_		

Deliver completed application with requested documents no later than March 13 to:

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