



Professional Women in Building Scholarship Application

Scholarship Eligibility

1. Applicants must be current high school seniors enrolling in an accredited post-secondary 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
 - o 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 31st.

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:

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home phone number: _____ Cell phone number: _____

Email: _____

(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: _____

Graduation Date: _____ GPA (does not determine eligibility): _____

College Planning to Attend: _____ Campus Site: _____

Are you currently enrolled in this college? Yes No

If yes, what will be your status in the fall?

Four-year College: Freshman Sophomore Junior Senior

Two-year/Trade School: 1st Year 2nd Year

Planned Field of Study (Major): _____

Career Objective (what you want to do for a career): _____

Family Information:

Are you:

Dependent Independent

If dependent, complete the following information. Note "N/A" if not applicable:

Father:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Mother:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Other Legal Guardian:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Number of older brothers or sisters: _____

Number of younger brothers or sisters: _____

How many siblings currently attend college? _____

If independent, complete spouse information. Note "N/A" if not applicable:

Spouse:

Name: _____

Occupation: _____

Number of Dependents: _____ Age(s) of Dependent(s): _____

Asset Information:

How do you plan to finance your education? (Check all that apply)

Loans: Yes 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 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 31st to:

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