

## **David Stauffer Scholarship Application**



<b>DEADLINE:</b> Application must be received by <u>Janua</u>	ary 15 of the year of a	award.	
Date://			
Sponsoring Local Home Builders Association:			
APPLICATION REQUIREMENTS  1. Completed and signed Scholarship Application. 2. Scholarship Application must show proof of Admissions Application school – current transcript required. 3. A minimum 2.5 GPA or equivalent is required – attach current properties. 4. One letter of recommendation is required. Recommendation from 5. The Essay portion (item #3) must be complete and legible (One-	oof of GPA. n an HBA member of indus	try professional is pref	
#1 APPLICANT INFORMATION  Full Name: First Middle  Address:		Last	
(SSN is required for the check to be issued)  Home Phone: () Cell Phone:	Number: : () ess:		
#2 ACADEMIC INFORMATION			
High School: School Name	City	State	Year of Graduation
Current Enrollment: School Name	City	State	Anticipated Graduation
Current Status: [ ] Freshman [ ] Sophomore [ ] Junio	or [ ]Senior [ ]Pos	st-Graduate	
egree Program: Major Minor(s)			
Type of Degree (B.S., B.A., Doctorate, etc.)			
Honors & Awards:			
Organizations & Clubs:			



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**#3 SHORT ESSAY:** Please attach a short essay, no longer than one page in length, about how you plan to use your studies in a construction related field. Make sure to address your major in the essay.

**#4 BRIEF AUTOBIOGRAPHY:** Please attach a short autobiography, no longer than one page in length (include work experience).

## **APPLICANT SIGNATURE & CERTIFICATION OF CONTENT**

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 also give my consent for the transmittal of communication to the scholarship committee by any academic institution that I have attended of grade, class standing or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from this scholarship. **Applicant Signature** Date IF APPLICANT IS UNDER 18 YEARS OF AGE Parent or Guardian Signature: Phone: ( ) - E-mail Address: TO BE COMPLETE BY LOCAL HOME BUILDER ASSOCIATION HBAT FILING DEADLINE: February 1 Board approval date: / / Amount Approved \$ HBAT Matching Fund Request \$ Make check payable to: [ ] School or Institution [ ] Student Local HBA President Signature Date Local HBA Executive Officer Signature Date