## 2025 CAGC Foundation Scholarship Application

**INSTRUCTIONS: Printing legibly,** complete & submit scholarship application, along with the following information:

- Two professional letters of recommendation (non-family, preferably current/former employer, supervisor, teacher, and/or Instructor) Industry Advance/Certification applicants only required to have one letter of recommendation from employer/supervisor
- Essay maximum 500 words: "How would this scholarship help you and how would you impact the construction industry?"
- Official Transcript Sealed by University/Academic Institution- Required from each Post-Secondary University/Academic Institution you have attended.

Scholarship for which you are applying (che	ck the appropriate box below):	
☐ University/4 Year College	☐ Technical/Trade School	
PERSONAL INFORMATION:		
Applicant's Full Name:		
Home Address:	City/ State/ Zip:	
Phone:	Email Address	
*We will contact you via email.		
ACADEMIC HISTORY (High School & Post-Se	condary Education— attach additional, if necessary):	
Name of high school attended:	City/State:	
Did you graduate? (Check one) ☐ Yes ☐	No Graduation Date :	
If no, did you obtain a G.E.D. Certificate or p	ass a high school equivalency test? (Check one) □ Yes □ No	
Certificate/Test Date:	City/State:	
CONSTRUCTION INDUSTRY-RELATED WORK	EXPERIENCE/INTERNSHIPS (attach additional, if necessary):	
Employer:	City/State:	
	Supervisor:	
	To:	
Employer:	City/State:	
Position	Supervisor:	
Dates of Employment: From	To:	
PROFESSIONAL OR ACADEMIC HONORS/AV	VARDS (include Name of Honor/Award, Issuing Organization, Date of Award):	

COMMUNITY SERVICE/AFFILIATIONS (indicate any organizations/associations you serve/belong to):				
CURRENT /	ACADEMIC/TRAINING INFORMATION (Complete only the section	ion for which you are seeking scholarship funding):		
UNIVERSIT	Y/4 YEAR COLLEGE APPLICANTS:			
Name of University / 4 Year College attending or accepted into:				
Current Academic Classification: □ FR □ SO □ JR □ SR □ GR				
Indicate yo	ur current/planned academic major:			
Have you been accepted into this program? □ Yes □ No				
Are you enrolled full-time? (Min. 12 hours per semester) 🗆 Yes 🗆 No Expected Semester of Graduation: 🗆 FA 🗆 SU 🗆 SP 20				
TECHNICAL/TRADE SCHOOL APPLICANTS:				
Name of Tr	ade/Technical School attending or accepted into:			
Address:		City/State/Zip:		
Indicate yo	ur current/planned trade/training program:			
Have you b	een accepted into this program?   Yes  No	Expected Semester of Graduation:   FA  SU  SP  20		
AUTHORIZ	ATION / ACKNOWLEDGEMENTS			
(initial)	If awarded a scholarship, I understand that CAGC Foundation will distribute scholarship funds to the financial aid office of my chosen academic/training/accrediting institution. I understand that no scholarship funds will be issued directly to me.			
	_ If awarded a scholarship, I release to Carolinas AGC & CAGC Foundation, the right to use my name, submitted information, and picture for			
(initial) print and video materials, reports and press releases, without compensation.				
•	at the information herein are true to the best of my knowledge adation and its representatives.	and grant permission for the information contained herein to be shared with		
Applicant Signature Date				

Return your completed application & requested information to:

Chelsea Andujar- candujar@carolinasagc.org

Responsibility of applicant to ensure all items are emailed on or before April 4, 2025.