



## 2019 SCHOLARSHIP APPLICATION

The Chicagoland Roofing Council, in conjunction with the CRCA Foundation will provide a maximum \$2,000 scholarship to a 2019 High School graduate who is a dependent of a Local 11 Contractor, dependent of a Local 11 Contractor's staff, either in the office or field, or a member of Local #11. The award can be used towards the cost of an accredited four-year college or university, community college or a vocational training center. The scholarship will be based on aptitude and financial need and may be renewable if the recipient maintains a 2.75 grade point average based upon a 4.0 system. All persons, irrespective of race, gender, creed, or national origin, who satisfy the eligibility requirements and submit a complete application by March 9, 2019, will be considered.

### APPLICATION REQUIREMENTS

All candidates must submit the following by **March 1, 2019**: A completed application form

1. High School Transcript
2. Official ACT Results or SAT equivalent (either directly from ACT/SAT, included on the high school transcript or a photocopy accompanied by a letter of authenticity from high school guidance counselor.)
3. Evaluation Sheet from high school administrator or faculty.
4. Return all paperwork and this application via **Mail**: Chicagoland Roofing Council, 4415 W. Harrison, Ste. 540, Hillside, IL 60162, **Fax**: 708-449-0837 or **Email**: [ScholarshipCRC@gmail.com](mailto:ScholarshipCRC@gmail.com) (please include student name in subject line).

Applicant is ultimately considered responsible for submission of all required paperwork.

### PERSONAL INFORMATION

1. Name \_\_\_\_\_  

|  |       |        |      |
|--|-------|--------|------|
|  | First | Middle | Last |
|--|-------|--------|------|
2. Address \_\_\_\_\_
3. City/St/Zip \_\_\_\_\_
4. Telephone (\_\_\_\_\_) \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Parents Email: \_\_\_\_\_
7. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Parent or legal guardian's name \_\_\_\_\_

### SCHOLASTIC INFORMATION

9. Name of high school currently attending \_\_\_\_\_
10. Address of high school \_\_\_\_\_
11. Grade Point Average \_\_\_\_\_ **ACT Score** \_\_\_\_\_ or **SAT Score** \_\_\_\_\_
12. Extracurricular Activities you participated in  

**School** (student government, clubs, athletics, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Community** (church, scouting, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:**

\_\_\_\_\_

\_\_\_\_\_

13. Name of college, university or vocational program applying to or accepted at:

\_\_\_\_\_

What curriculum are you planning to study?

\_\_\_\_\_

**FINANCIAL INFORMATION** \* *(one parent must work for a Local 11 Contractor)*

14. Father's occupation \_\_\_\_\_ Company Name \_\_\_\_\_

15. Mother's occupation \_\_\_\_\_ Company Name \_\_\_\_\_

16. Number of brothers and sisters living at home \_\_\_\_\_

17. Including yourself, how many family members of your immediate family will be enrolled in college next year \_\_\_\_\_

18. Estimate your costs for next year in the following categories:

Tuition \$ \_\_\_\_\_ per year                      Room & Board \$ \_\_\_\_\_ per year

Books \$ \_\_\_\_\_ per year                      Other                      \$ \_\_\_\_\_ per year

19. In the space below, state why you feel you **need** the CRC scholarship assistance; answer in detail; print clearly

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

**ADDITIONAL INFORMATON**

20. In the space below, discuss why you feel you **deserve** the CRC scholarship, including your past accomplishments/future aspirations; answer in detail; print clearly.

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

21. What are your three strongest attributes?

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

22. I agree that this application may be used by the Chicagoland Roofing Council Scholarship Committee or any representative designated by the committee for evaluating and selecting recipients of scholarship awards. I attest that all information stated on this application is true and correct to the best of my knowledge and that I am an eligible dependent of either a union roofing contractor a contractor's office personnel or a member of Chicago Roofers Local #11.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Signature of Applicant)

(Date)

\*The recipient must be dependent of a Local 11 Contractor, Staff or a Local 11 Member



CHICAGOLAND ROOFING COUNCIL  
 4415 W. Harrison St. Suite 540  
 Hillside, Illinois 60162  
 Ph: 708-449-5266 ~ Fax: 708-449-0837



**EVALUATION SHEET**  
 To be completed by a High School Administrator or Faculty Member

Name of Student \_\_\_\_\_

First

Middle

Last

Your name has been given as a reference by the above student, who has applied for a scholarship from the Chicagoland Roofing Council. Your evaluation is necessary in the consideration of this application. Please complete this form (type or print using black ink). Return the completed form via **Mail:** Chicagoland Roofing Council, 4415 W. Harrison St., Suite 540, Hillside, IL 60162, postmarked by March 1, 2019, **Fax:** 708-449-0837, **Email:** [ScholarshipCRC@gmail.com](mailto:ScholarshipCRC@gmail.com) (please include student name in subject line), or **included with the other paperwork** to be completed and sent by the applicant. Fax and Email: must be received by **March 1, 2019**. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator \_\_\_\_\_

Position \_\_\_\_\_ Employer \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

What is the nature and frequency of your contact with the applicant? \_\_\_\_\_

Using a check mark, please rate each characteristic listed below. Use the reverse side of this form if you would like to make any additional comments about the applicant.

| <u>Characteristic</u> | <u>Below Average</u>     | <u>Above Average</u>     | <u>Superior</u>          |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Cooperation           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courtesy              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Appearance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What is your opinion of the applicant's ability to succeed in higher education?

Low  Medium  High

Give three words that describe the applicant

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

\_\_\_\_\_  
 (Signature)

( \_\_\_\_\_ ) \_\_\_\_\_  
 (Telephone)