TOPEKA HOME BUILDERS ASSOCIATION ~ PROFESSIONAL WOMEN IN BUILDING
2014 SCHOLARSHIP APPLICATION

The goal and purpose of the THBA Professional Women in Building is to encourage and support women in the construction industry.

This scholarship is open to all female, full time students meeting one of the following requirements and who are pursuing a college degree in any field related to construction. There will be up to two $500.00 scholarships awarded.

REQUIREMENTS:

- The student must be a female enrolled in a minimum of 12 hours during the fall semester and 12 hours during the spring semester at an accredited college.

-OR-

- The female student is registered as a non-traditional full time student at Washburn Institute of Technology.

DEADLINE: The deadline for applications is to be postmarked or received by May 16th, 2014.

Mail application to: THBA PROFESSIONAL WOMEN IN BUILDING
Topeka Home Builders Association
1505 SW Fairlawn RD
Topeka, KS 66604

STUDENT NAME__________________________________________

PERMANENT ADDRESS____________________________________

_____________________________________________________

ADDRESS DURING SCHOOL________________________________

_____________________________________________________

PHONE: ____________________________

PARENTS NAME(S)_______________________________________
JUDGING:

Judging of the scholarship will be based on the questions on page 2 and 3 of this application. Administration of the scholarship will verify accuracy of the application. The essay judges will not know the names of the applicants or have a child applying for this scholarship.

Do not indicate in your essay anything that will identify you with a THBA member, firm or company. In order to keep the judging fair and non-partial, the application must remain anonymous.

FAMILY INFORMATION:

If applicant is a minor:
Number of children in family_________ Ages of children____________________________________

Number of siblings currently in college_______________

If applicant is non-traditional:
Marital status_________________ Number of children living at home.________________

APPLICANT INFORMATION:

Funding for your college education will be received from what source or sources?
________________________________________________________________________

What percentage of funding are you personally responsible for?____________________

List any other scholarships and amounts you are or will be receiving
________________________________________________________________________
________________________________________________________________________

Field or degree being pursued______________________________________________

List work experience during High School / College
(or recent work experience if a non-traditional student)____________________________
________________________________________________________________________

Current Employer______________________Phone__________________________

List your High School / College extra curricular activities
(or community involvement if a non-traditional student)____________________________
________________________________________________________________________
________________________________________________________________________

Please type and attach a short essay of 250 words or less on “Why I have chosen this field of study or degree path and what I hope to accomplish with it.” Please Do Not include the names of any THBA Member or make any references that may identify you for purposes of impartiality.
APPLICANT’S EDUCATIONAL INFORMATION

HIGH SCHOOL NAME AND GRADUATION DATE (semester and year)

_____________________________________________________________________________

GPA___________________

COLLEGE NAME______________________________________________________________

ANTICIPATED COLLEGE OR TRADE SCHOOL GRADUATION DATE

(Semester and year)__________________________________________

MAJOR AREA OF STUDY______________________________________________________

Attach copies of school records showing your enrollment status and GPA, if applicable.

AUTHORIZATION:

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I agree that the THBA Women’s Council has my permission to verify it. I will notify the THBA of any changes in my status.

THIS APPLICATION MUST BE SIGNED AND DATED TO BE CONSIDERED VALID.

Signature______________________________________________________Date__________________