



Year 2008
SCHOLARSHIP APPLICATION FORM
Civil Engineering Technician

APPLICANT QUALIFICATION - A student attending and enrolled in a civil engineering technician program at a school in Minnesota or at a school in a state adjoining Minnesota. Resident of the State of Minnesota. Attending school full time for three quarters or two semesters during the academic school year. Status as having completed one-half of the curriculum leading to a civil engineering technician certificate at the time of scholarship award.

The application deadline is July 1, 2008.

Last Name _____ First Name _____ Middle Initial _____

School _____ School Year as of August, 2008 _____

Permanent Address:

School Address:

(Street)

(Street)

(City) (State) (Zip)

(City) (State) (Zip)

(Phone)

(Phone)

WORK EXPERIENCE: List the two most recent summer jobs, part-time jobs, or full-time jobs you have held during and since high school.

(Employer)

(Duties and Hours per Week)

(Employer)

(Duties and Hours per Week)

HONORS/AWARDS: List any special honors or awards you have received during and since high school. Include a brief description of the honor or scholarship. Please continue on a separate sheet if required.

SCHOLARSHIPS: List any scholarships you have received since you have entered a civil engineering technician program. Include a brief description of the scholarship. Please continue on a separate sheet if required.

ENGINEERING TECHNICIAN INTERESTS:

1. How did you become interested in becoming a civil engineering technician?

2. What aspect of the civil engineering technician program interests you most?

3. What type of job do you think you will want after graduation?

GRADE POINT AVERAGE (GPA) AND TRANSCRIPT: Please submit a transcript from all institutions of higher learning that you have attended. A registrar certification of your transcript is not required.

Cumulative GPA _____

PERMISSION TO RELEASE INFORMATION: By submitting this application, I authorize my school officials to make available to the Minnesota County Engineers' Association information about my academic records. () Yes () No

APPLICANT'S SIGNATURE _____

DATE _____

Completed application forms are to be sent to:

Tim Stahl
MCEA Scholarship Committee Chair
Jackson County Highway Department
53053 780th Street
Jackson, MN 56143