



MECHANICAL CONTRACTORS ASSOCIATION OF SOUTH CAROLINA
SCHOLARSHIP AWARDS
APPLICATION

APPLICANT INFORMATION

Name: _____

Address: _____ Number of Years: _____

City: _____ State _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Weight: _____ Place of Birth: _____

Fathers Name: _____ Employer: _____

Occupation: _____ Annual Income: _____

Mothers Name: _____ Employer: _____

Occupation: _____ Annual Income: _____

Number of Family Members: _____ How many in college: _____

What Technical Colleges, Colleges or Universities have you been accepted to attend ? _____

Name and addresses of three persons as references (include high school guidance counselor):

Name	Mailing Address	City/State/Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. ACADEMIC STANDING

Important Instructions: GPA standings must be translated to read on the 4.0 scale (4.0 correlating with straight A grades.) If college or trade school information is provided, transcripts must be enclosed to validate the information. **Failure to provide transcripts will invalidate this section of the application.**

HIGH SCHOOL

School	City/State	Years Attended	Cumulative GPA
--------	------------	----------------	----------------

COLLEGE

School	City/State	Years Attended	Major/Minor	Cumulative GPA
--------	------------	----------------	-------------	----------------

TRADE SCHOOL

School	City/State	Years Attended	Major/Minor	Cumulative GPA
--------	------------	----------------	-------------	----------------

II. CAREER / INDUSTRY-RELATED WORK EXPERIENCE

Information in this section must be accompanied by a letter of recommendation from your most recent employer. **Failure to provide the letter will invalidate this section of the application.**

SUMMER WORK EXPERIENCE

Company	City/State	From/To	Position	Supervisor
---------	------------	---------	----------	------------

Average hours worked per week: _____ Responsibilities: _____

PART-TIME EMPLOYMENT THROUGHOUT THE YEAR

Company	City/State	From/To	Position	Supervision
---------	------------	---------	----------	-------------

Average hours worked per week: _____ Responsibilities: _____

FULL-TIME EMPLOYMENT THROUGHOUT THE YEAR

Company	City/State	From/To	Position	Supervision
---------	------------	---------	----------	-------------

Average hours worked per week: _____ Responsibilities: _____

III. COMMUNITY INVOLVEMENT

List the organizations, clubs or sports programs in which you participate:

Do you hold leadership status in any of the above programs? If so, list title and responsibilities.

Signature: _____

Date: _____