

**Construction Angels "Gibbs Family" Scholarship Program  
2020 – Scholarship Application**

**I. Applicant Information**

Applicant must complete and sign this form. A parent or guardian must also sign the application. Return electronically by the due date to the email address provided below. All questions must be answered. If a question does not apply, write N/A in the space provided. A confirmation will be emailed when received.

NAME OF APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Name of School (if applicable): \_\_\_\_\_

Year of HS Graduation \_\_\_\_\_ Class Standing/Rank: \_\_\_\_\_

School G.P.A.: \_\_\_\_\_ Scholastic Aptitude Test (SAT) Scores: \_\_\_\_\_

Achievement Test Score (ACT or other, if applicable): \_\_\_\_\_

Name of Descendant (parent who lost their life): \_\_\_\_\_

Company of who the Descendant worked for and date of fatality: \_\_\_\_\_

Extracurricular/Outside Activities: \_\_\_\_\_

Volunteer hours accumulated in School, Provide proof: \_\_\_\_\_

Who has made a significant impact on your life and why? \_\_\_\_\_

List Honors, Awards, Prizes or Distinctions you have received: \_\_\_\_\_

In what ways have you contributed to your family, community and/or society, etc.: \_\_\_\_\_

Name of Institution you (plan to) attend: \_\_\_\_\_

What construction career (have you chosen) are you in? \_\_\_\_\_

What program does the institution offer relates to construction? \_\_\_\_\_

When do you plan to graduate from your institution? \_\_\_\_\_

Employer Name / Association your Parent is a Member: \_\_\_\_\_

Mother/Father's Name who works for the employer: \_\_\_\_\_

Add any additional information that you think may be relevant for the judges to consider:

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