



## Evaluation Sheet – (Optional)

*To be completed by a school faculty member or employer*

**Date:** \_\_\_\_\_ **Name of Student:** \_\_\_\_\_

The student indicated above has applied for a scholarship from the Tidewater District of the AGC of Virginia to study construction or engineering. Your name has been provided to us as a reference. Since your evaluation is an important factor in our review process, please explain your comments fully. You may use the reverse side of this form for additional remarks. Comments will be used for evaluation purposes only.

**Please complete this form and mail it to the AGC of Virginia, Inc.,  
Tidewater District, c/o Dick Moyers, P.O. Box 5700, Glen Allen, VA 23058  
so that we will receive it by November 21, 2011.**  
*The applicant is considered responsible for submission of all required forms by this date.*

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

Employer: \_\_\_\_\_

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

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

Furnish information on the nature and frequency of your contacts and observations of the applicant

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

**Evaluation of Social & Personal Traits:** Please rate each characteristic listed. If you would like to make additional comments about the applicant, please use the reverse side of this form.

<b>Rating:</b>	<b>Poor</b>		<b>Below Average</b>		<b>Average</b>		<b>Above Average</b>		<b>Superior</b>		
	0	1	2	3	4	5	6	7	8	9	10

Cooperation
Courtesy
Timeliness & completeness of assignments
Participation in extra. activities
Initiative
Leadership
Maturity
Personal appearance

Using the above evaluation, indicate your opinion of the applicant's ability to select a goal and achieve it

\_\_\_\_\_

The student's estimated grade point average is \_\_\_\_\_ on a 3, 4, 5 or 6 point scale (please circle one)

Signature: \_\_\_\_\_



**Associated General Contractors of Virginia, Inc.**  
*Tidewater District*

**UNDERGRADUATE SCHOLARSHIP COMPETITION**

**Applicant: Please complete all sections of this application and mail it to the AGC of Virginia, Inc., Tidewater District, c/o Dick Moyers, P.O. Box 5700, Glen Allen, VA 23058 so that we will receive it by November 21, 2011. Use N/A if a question does not apply. Please type or print using ink. Appearance and completeness of application will be considered during evaluation.**

**I. PERSONAL**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Last First Middle

Address: Home: \_\_\_\_\_  
Number & Street City, State & Zip

College: \_\_\_\_\_  
Number & Street City, State & Zip

Email: Home: \_\_\_\_\_ College: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ College: \_\_\_\_\_

Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Martial Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Spouse's annual income: \_\_\_\_\_

Number of Dependents other than spouse: \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address, if different than item above: \_\_\_\_\_

**II. SCHOLASTIC INFORMATION**

Provide name, city, state of high schools, colleges and/or universities you have attended or are currently attending. **Most recent first.** Be sure to indicate month and year of anticipated graduation and grade point average.

Four Year College	Attended (from-to)	Major	Anticipated month & year of graduation
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a. \_\_\_\_\_

b. \_\_\_\_\_

Two-Year College      Attended (from-to)      Major      Date of Graduation  
\_\_\_\_\_

High School      Attended (from-to)      Major      Date of Graduation

a. \_\_\_\_\_

b. \_\_\_\_\_

Provide a chronological history of your activities if NOT continuously enrolled in school since high school graduation. History should begin immediately after high school graduation until the present time. Include specific month, year, and type of activity. *Add additional sheets if necessary.*

\_\_\_\_\_

\_\_\_\_\_

Current rising year in college (*circle one*)    Freshman    Sophomore    Junior    Senior  
Other (*specify*) \_\_\_\_\_

If you are planning to transfer to another school, list below those colleges to which you have applied or in which you intend to apply (*in order of preference*):

College (name, city & state)	Accepted (Y/N)	Anticipated Mo/Yr of Graduation
_____		
_____		

In what program do you expect to get your degree? \_\_\_\_\_

What construction career would you like to pursue? \_\_\_\_\_

Are you enrolled in a Cooperative Education Program? \_\_\_\_\_  
*If so, include a copy of your work/class schedule.*

Specify current GPA: \_\_\_\_\_ (3, 4, 5 or 6 point scale - *please circle one*)

In what extracurricular activities have you participated while attending High School? College? Indicate elected offices held, if any. Specify purpose of local organizations. *Add additional sheets if necessary.*

1. Student Activities (Student Government, National Honor Society, etc.)  
\_\_\_\_\_
2. Community Activities (Boy Scouts, etc.)  
\_\_\_\_\_
3. Athletics  
\_\_\_\_\_

4. Other

\_\_\_\_\_

### III. EMPLOYMENT HISTORY

List below full-time employment, summer employment, or other part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part time work, indicate number of hours per week. *Add additional sheets if necessary.*

1. From \_\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_\_

Firm name & type of business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name & position in company \_\_\_\_\_

Your duties \_\_\_\_\_

Salary \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_\_

Firm name & type of business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name & position in company \_\_\_\_\_

Your duties \_\_\_\_\_

Salary \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_\_

Firm name & type of business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name & position in company \_\_\_\_\_

Your duties \_\_\_\_\_

Salary \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Brothers and sisters in family older than you? \_\_\_\_\_ Younger than you? \_\_\_\_\_

What percent of your college education and living expenses do you provide now or expect to provide in the upcoming semester? \_\_\_\_\_

Including yourself how many members of your immediate family will be in college this year? \_\_\_\_\_ How many are receiving financial assistance in the form of scholarships or grants? \_\_\_\_\_

Describe briefly in dollar amounts estimated college costs for the following items (per year):

Tuition: \_\_\_\_\_ Living Expenses: \_\_\_\_\_

Books: \_\_\_\_\_ Misc. (*specify*): \_\_\_\_\_

Indicate the amount of support from the following sources:

Summer work: \_\_\_\_\_ Part-time work: \_\_\_\_\_

Loans (*specify*): \_\_\_\_\_ Scholarships: \_\_\_\_\_

Other sources of income (*specify*): \_\_\_\_\_

Please explain the purpose for which scholarship monies will be used:

\_\_\_\_\_

**V. ADDITIONAL INFORMATION (Must answer this question for application to be considered to be complete)**

Answer the following questions using *only the space provided*.

How are you connected to the construction industry and why are you a good candidate for this scholarship?

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

Are any members of your immediate family presently employed in the construction industry?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position in Company \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Position in Company \_\_\_\_\_

**I agree that this application and all attachments may be used for the purposes of evaluation and selection for AGC of Virginia - Tidewater District scholarships.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_