



Indiana Association of County Highway Engineers and Supervisors Scholarship Award Application

' H D I G K O K L E Q P H L W \ V L R Q

I. Personal Information

Name

Last

First

Middle Initial

Campus Address

Number and Street

City

State

Zip Code

Permanent Address

Number and Street

City

State

Zip Code

Phone Number:

Campus _____

Permanent _____

Email Address:

Referenced by active member of Indiana Association of County Engineers and Supervisors Member?

Yes _____ No _____

If yes, include member name _____

II. Educational Background

(Please include a transcript for current academic year)

Attending College/University

School Name _____
Dates Attended

Major _____
Area of Specialty

In the Fall of _____, my classification will be (check one)

Freshman _____ Sophomore _____ Junior _____ Senior _____ 5th Year _____

Expected Degree and Date of Graduation _____

Cumulative G.P.A. _____

Completed Courses Relevant to Municipal Government, including Engineering, Management or Public Works:

Grade _____

Grade _____

Grade _____

Grade _____

Anticipated Courses Relevant to Municipal Government, including Engineering, Management or Public Works

List any extracurricular activities in which you have participated. Indicate elected offices held and awards received. Indicate the year in which you participated in each activity and the average number of hours per month spent in that activity. You may attach a separate page if necessary.

(a) Student Activities (Professional Societies, etc.)

(b) Community Activities (Service Clubs, etc.)

(c) Other Non-Academic Activities

(d) Honors Awards and Publications

III. Employment History

List below full-time employment, summer/co-op employment, part-time, summer internships or voluntary work. If work was performed for a city, county or town, include that agency's name in place of company name. Briefly explain duties and responsibilities and include reference or contact person if available. Begin with your most recent job. Attach additional pages if necessary.

1. From _____ To _____
(month/yr) (month/yr)
Company Name _____
Type of Business _____
Address _____

Hours per week _____
Primary Duties _____

2. From _____ To _____
(month/yr) (month/yr)
Company Name _____
Type of Business _____
Address _____

Hours per week _____
Primary Duties _____

3. From _____ To _____
(month/yr) (month/yr)
Company Name _____
Type of Business _____
Address _____

Hours per week _____
Primary Duties _____

4. From _____ To _____
(month/yr) (month/yr)
Company Name _____
Type of Business _____
Address _____

Hours per week _____
Primary Duties _____

IV. Supporting Documentation

- a) Attach an essay explaining your understanding of municipal government and the role that the city or town engineer plays in the planning, management, design and construction of transportation and infrastructure systems. You may include your ideas, opinions and suggestions on how to improve the availability of educational opportunities to study careers in municipal government and public service. This essay should be typewritten, and no longer than two pages in length.
- b) If you are receiving a reference from an active member of the Indiana Association of County Engineers and Supervisors (IACHES), please have that member complete the Reference Form and attach to this application.
- c) Additional References: Please provide a minimum of one reference for each of the following categories: Personal, Employment, Academics. Include name, title, company/organization, address, phone number and email address if available, as listed on the Reference Form.

I certify that the information provided on this application is true and correct, and that this information may be used for the purpose of evaluation and selection of the Scholarship Award Recipient by the IACHES Scholarship Committee. By signing this application, I further authorize the Indiana Association of County Engineers and Supervisors to confirm and/or release any information included in this application.

Signature of Applicant _____ Date _____



**Mail Applications to:
IACHES
attn: Scholarship Applications
Jacque Clements, Secretary
101 W. Ohio Street, Suite 1575
Indianapolis, IN 46204**

Please direct questions to Jacque Clements 317.829-3655

iaches@indianacounties.org

Reference Form

Applicants Name

IACHES Member Referring Applicant

Additional information to be considered by Committee (relationship, work experience, character and other qualifications of applicant, etc.)

Personal Reference:

Name: _____

Title/Relationship: _____

Company/Organization: _____

Address: _____

Phone#: _____

Email Address: _____

Employment Reference:

Name: _____

Title/Relationship: _____

Company/Organization: _____

Address: _____

Phone#: _____

Email Address: _____

Academic Reference:

Name: _____

Title/Relationship: _____

Company/Organization: _____

Address: _____

Phone#: _____

Email Address: _____