Indiana Association of County Highway Engineers and Supervisors Scholarship Award Application

Deadline for Submission - May 1, 2020

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:_____