



# ASA of SC Charleston Chapter



Subcontractors  
The Heartbeat of Construction

## Scholarship Application Year 2023-2024

Completed Applications Due: **Friday, May 17 2024**,

Submit to:

ASAC

PO Box 81107

Charleston, SC 29416

Contact Tori Simmons with any questions – 864-216-5663

### Purpose:

To provide 2 scholarships that go to the school of the recipients. Awards shall be based on the following considerations:

1. Academic Ability
2. Need
3. Outside Activities
4. References

### Applicants:

Applicants shall be limited to students who are employee's, or spouses or children of employees, of currently active member firms in ASA of SC, Charleston Chapter, or previous scholarship recipients who are employees, or spouses or children of currently active member firms from the ASA of SC Charleston Chapter that are planning on attending a university or college, as approved by the scholarship committee. Recipients shall pursue a full time course of study leading to an Associate, BS, or Post Graduate Degree.

### Requirements:

1. Completed application form. (Incomplete applications will not be considered.)
2. One evaluation form completed by your high school Guidance Counselor or College Faculty Advisor, whichever is applicable at the time of application. High school principal evaluation is acceptable where counselor information is not available.
3. One evaluation form completed by an adult not related to the applicant.
4. Official transcript of high school (or college) grade to date.

---

### PERSONAL

A.

Name \_\_\_\_\_  
Last First Middle

B.

Address: (1) Home \_\_\_\_\_  
Number and Street City State Zip  
(2) College \_\_\_\_\_  
Number and Street City State Zip

C.

Telephone: (1) Home \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) College \_\_\_\_/\_\_\_\_/\_\_\_\_

If you do not have a telephone at home or at school, indicate phone number where you can be contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_

D. Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Complete the following information that is applicable to you)

E. 1. Marital status \_\_\_\_\_  
2. Spouses Name \_\_\_\_\_  
3. Spouse's occupation \_\_\_\_\_  
4. Number of dependents other than spouse \_\_\_\_\_

F. 1. Parent or legal guardian's name \_\_\_\_\_  
2. Relationship \_\_\_\_\_  
3. Address, if different than item B1 above \_\_\_\_\_

G. Father's occupation \_\_\_\_\_

H. Mother's occupation \_\_\_\_\_

I. Are you considered a legal dependent by your parents? \_\_\_\_\_

J. 1. Brothers and sisters in family older than you? \_\_\_\_\_  
2. Younger than you? \_\_\_\_\_

K. 1. Including yourself, how many members of your family will be in college next year? \_\_\_\_\_  
2. How many are receiving financial assistance in the form of scholarships or grants? \_\_\_\_\_

## II. SCHOLASTIC INFORMATION

A. Provide registrar contact information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_ / \_\_\_\_\_

Student ID# (if applicable): \_\_\_\_\_

B. Provide names, city and state of colleges, universities or high school you have attended or are currently attending. Most recent first. Be sure to indicate month and year of expected graduation.

1. Four-Year College	Attended (From-To)	Anticipated Month/Year Graduation
a. _____		
b. _____		

2. Two-Year College	Attended (From-To)	Anticipated Month/Year Graduation
a. _____		
b. _____		

3. High School	Attended (From-To)	Anticipated Month/Year Graduation
a. _____		
b. _____		

- C. If you are not currently enrolled at a college or university, or are planning to transfer to another school, list below those colleges to which you have applied (in order of preference)

1. College (name, city and state)	Accepted? (Yes – No)	Anticipated Month/Year of Graduation
a. _____		
b. _____		

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

- E. Specify Grade Point Average and send an official grade transcript for the school you are presently attending. High School Senior – provide transcript and GPA based on courses completed to date. Transfer Student – either high school or college – provide a complete transcript from previously attended school in addition to any available grades from present school. College Freshman – provide cumulative high school GPA, high school transcript and transcript of any college grades recorded to date.

GPA \_\_\_\_\_ (3, 4, 5 or 6 point scale – circle one)

- F. What extracurricular activities have you participated in while attending high school and college? Indicate elected offices held, if any. Specify purpose of local organizations.

1. Student organizations (student government, Key Club, ect.) \_\_\_\_\_
2. Community/Volunteer Activities (Boy Scouts, ect.) \_\_\_\_\_
3. Athletics \_\_\_\_\_
4. Other \_\_\_\_\_

### III. EMPLOYMENT HISTORY

- A. 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.

1. From \_\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_  
Month Month

Firm's Name and Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name and Position in Company \_\_\_\_\_  
Your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_  
Month Month or 20\_\_\_\_\_

Firm's Name and Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name and Position in Company \_\_\_\_\_  
Your duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. FINANCIAL INFORMATION (Complete all blanks to the best of your knowledge)

A. Describe briefly in annual dollar amounts estimated college costs for:

1. Tuition \$ \_\_\_\_\_ per year

2. Room & Board \$ \_\_\_\_\_ per year

3. Books \$ \_\_\_\_\_ per year

4. Other (specify) \_\_\_\_\_  
\$ \_\_\_\_\_ per year

Total \$ \_\_\_\_\_ per year

B. Please indicate how you plan on funding your college expenses (loans, scholarships, savings, etc.)

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

V. ADDITIONAL INFORMATION

A. Please answer the following question and attach on separate paper.

1. Briefly, describe your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?
2. Briefly, describe why you should be the candidate chosen for the ASA Scholarship.
3. Are any members of your immediate family presently employed in the construction industry?

A. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Employer \_\_\_\_\_  
Position in Company \_\_\_\_\_

B. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Employer \_\_\_\_\_  
Position in Company \_\_\_\_\_



I agree that this application and all attachments may be used for the purpose of Evaluation and Selection by the Scholarship Committee of the Charleston Chapter American Subcontractors Association and/or representatives designated by the Scholarship Committee.

I also certify that all information provided herein is accurate and free from errors.

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

Please use an additional sheet to provide any other information that you feel is necessary to complete your Application. Mail Completed Application To: ASA Charleston Chapter, P.O. Box 81107, Charleston, S.C. 29416

TO BE COMPLETED BY  
EVALUATOR

RATING SHEET

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

1. One evaluation form completed by your high school Guidance Counselor or College Faculty Advisor, whichever is applicable at the time of application. High school principal evaluation is acceptable where counselor information is not available.
2. One evaluation form completed by an adult not related to the applicant.

Name of Student: \_\_\_\_\_  
Last First Middle Initial

Your name has been given as a reference by the above student who has applied for a scholarship from the American Subcontractors Association, Charleston Chapter Memorial Scholarship. Your evaluation is important to us in considering this application.

Please complete this form and mail it to the Charleston Chapter's Scholarship Committee, as stated in the student's cover letter.

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 AND PERSONAL TRAITS

Based on 5 as average on a scale of 0-10, please use the numerical values assigned 10 each category when responding.  
(Example: An average applicant would be rated 4, 5 or 6)

Below  
Average  
(0-3)

Average  
(4-6)

Above  
Average  
(7-9)

Superior  
(10)

Notes: use reverse side,  
if necessary

Cooperation					
Courtesy					
Dependability					
Industrious					
Initiative					
Leadership					
Self-Control					
Personal Appearance					
Maturity					

Using the above rating scale, indicate your opinion of the applicant's ability to select a goal and achieve it. \_\_\_\_\_

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

TO BE COMPLETED BY  
EVALUATOR

RATING SHEET

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

1. One evaluation form completed by your high school Guidance Counselor or College Faculty Advisor, whichever is applicable at the time of application. High school principal evaluation is acceptable where counselor information is not available.
2. One evaluation form completed by an adult not related to the applicant.

Name of Student: \_\_\_\_\_  
Last First Middle Initial

Your name has been given as a reference by the above student who has applied for a scholarship from the American Subcontractors Association, Charleston Chapter Memorial Scholarship. Your evaluation is important to us in considering this application.

Please complete this form and mail it to the Charleston Chapter's Scholarship Committee, as stated in the student's cover letter.

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 AND PERSONAL TRAITS

Based on 5 as average on a scale of 0-10, please use the numerical values assigned 10 each category when responding.  
(Example: An average applicant would be rated 4, 5 or 6)

Below Average (0-3)	Average (4-6)	Above Average (7-9)	Superior (10)	Notes: use reverse side, if necessary
---------------------------	------------------	---------------------------	------------------	--

Cooperation					
Courtesy					
Dependability					
Industrious					
Initiative					
Leadership					
Self-Control					
Personal Appearance					
Maturity					

Using the above rating scale, indicate your opinion of the applicant's ability to select a goal and achieve it. \_\_\_\_\_

\_\_\_\_\_

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

