



ASA of SC Charleston Chapter

Scholarship Application 2025-2026 School Year

Subcontractors
The Heartbeat of Construction

Completed Applications Due: **Friday, May 22, 2026**

Submit to:

ASAC

PO Box 81107

Charleston, SC 29416

Contact Kelly Dillon with any questions – **843-542-4043**

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 ASAC, Charleston Chapter, or previous scholarship recipients who are employees, or spouses or children of currently active member firms from the ASAC 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. Spouse's 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
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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: _____

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