

Student's Legal Name:			
ranc.	Last	First	
Current Address:	Street	City/State	Zip Code
Phone/E-mail Address:	Phone Number	E-mail Address	
Name and Address of Parent(s) or Legal	Last	First	Phone Number
Guardian(s): List Siblings	Street	City/State	Zip Code
at Home and Those Presently Attending College:			
High School Attended: *Transcript required.	Name of School	City/State/Zip	Date of Graduation
High School Scores:	Class Rank	Number in Class	ACT Composite Score
Honors,	Cumulative GPA Please list in order of importance to you.	Weighted GPA	SAT Composite Score
Extracurricular	1) School Honor/Activity	Position Held	No. of Years of Participation
	Experience Gained 2) School Honor/Activity	Position Held	No. of Years of Participation
	Experience Gained		•



List School Honors,			
tracurricular Activities, Offices Held: (continued)	3) School Honor/Activity	Position Held	No. of Years of Participation
(continueu)	Experience Gained		
	4) School Honor/Activity	Position Held	No. of Years of Participation
	Experience Gained		
	5) School Honor/Activity	Position Held	No. of Years of Participation
	Experience Gained		
School/ Community	Please list in order of importance to you.		
Activities, Offices Held:	1) Community Activity	Position Held	No. of Years of Participation
	Experience Gained		
	2) Community Activity	Position Held	No. of Years of Participation
	Experience Gained		
	3) Community Activity	Position Held	No. of Years of Participation
	Experience Gained		
Career Mentorship	Yes No Have you participated in a Career Mentorship Program		
McHorship			



Current/ Previous			
Employment:	1) Name of Employer	Street/City	State/Zip Code
	Phone Number	Contact Person	Date of Employment
	2) Name of Employer	Street/City	State/Zip Code
	Phone Number	Contact Person	Date of Employment
Schools to Which You Have Applied:		City/State/Zip	☐ Yes ☐ No Have you been accepted
	Name of School	City/State/Zip	☐ Yes ☐ No Have you been accepted
	Name of School	City/State/Zip	☐ Yes ☐ No Have you been accepted
School You Will Be Attending:	Name of School		
	Proposed Field of Study		No. of Years to Complete Program
Scholarships and Amounts			□ Yes □ No
Received to Date:	Name of Scholarship		Amount Renewable? ☐ Yes ☐ No
	Name of Scholarship		Amount Renewable?
	Name of Scholarship		Yes No Amount Renewable?



Attachments: (mandatory)	 TRANSCRIPT INFORMATION: Applicant must submit an official high school transcript. GOALS AND ASPIRATIONS: Applicant must attach an essay (not to exceed one page) describing his/her educational plans as they relate to their career objective and future goals in the field of Engineering Surveying, Architecture, or closely related field of study and how this scholarship will help them.
Attachments: (optional)	 REFERENCES: Applicant may attach a list of names and phone numbers of references or writter references from teachers, clergy, employers, etc. ADDITIONAL INFORMATION: Applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional information for which the applicant may attach any additional may attach
Certification:	did not have room to complete on this application or which they feel will be helpful information. All the information on this application is true and complete to the best of my knowledge. I authorize independent verification, and I understand that if awarded this scholarship, information contained in this application may be released to the media.
	Signature of Applicant Date