BRUCE TUCKER MEMORIAL SCHOLARSHIP TRUST
9049 Corporate Gardens Drive, Suite 102, Germantown, TN 38138
- Phone: 901-758-1212 / Fax: 901-758-1211 / Email: mvage@bellsouth.net
UNDERGRADUATE SCHOLARSHIP COMPETITION

APPLICANT: Please complete all sections of this application. Please Print, using Black Ink. Use N/A if question does not apply. Appearance and completeness will be considered during evaluation. Mail your completed application to the above address. Incomplete applications will not be evaluated.

PERSONAL: (Please Print)

Name: ______________________________________________________________________

Last First Middle

Home Address ________________________________________________________________

City State Zip

College Address ______________________________________________________________

City State Zip

Phone: HOME COLLEGE E-MAIL

HOME COLLEGE E-MAIL

Present Age Date of Birth Are you a U.S. Citizen? If not a U.S. Citizen, type of Visa

Marital Status Spouse’s Name

Spouse’s Occupation Spouse’s Annual Income

Number of dependants, other than spouse

SCHOLASTIC INFORMATION:

Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending with the most recent first. Be sure to indicate the month and year of anticipated graduation and SUBMIT TRANSCRIPTS.

Four-Year College

<table>
<thead>
<tr>
<th>Entrance Date</th>
<th>Major</th>
<th>Current Class</th>
<th>Anticipated Graduation</th>
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Two-Year College

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<th>Major</th>
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<th>Anticipated Graduation</th>
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High School

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Provide a chronological history of your activities if NOT continuously enrolled in school since high school graduation. It should begin immediately after high school graduation and continue thru present. Be specific in listing the month, year and type of activity.
Are you enrolled in a Cooperative Education Program?________ if so, include a copy of your work/class schedule.

Specify Grade Point Average and send an official grade transcript for the school you are presently attending. GPA__________(3,4,5,or 6 point scale-circle one)

In what extracurricular activities have you participated while attending high school and college? Indicate offices held and purpose of organization.
Student Activities (student govt., Key Club, National Honor Society, etc)____________________________________
________________________________________________________________________________________________
Community__________________________________________________________________________
________________________________________________________________________________________________
Athletics_____________________________________________________________________________
________________________________________________________________________________________________
Other___________________________________________________________________________________________
____________________________________________________
____________________________________________

EMPLOYMENT HISTORY:

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. Add additional page if necessary.

Firm’s name, address and type of business:________________________________________________________________________________________________
Supervisor’s name and position __________________
Your Duties______________________________________________________________________________________
Employed from__(Month)_______________to (Month)_________________(Year)_________________________

Firm’s name, address and type of business:________________________________________________________________________________________________
Supervisor’s name and position ______________________________________________________________________
Your Duties______________________________________________________________________________________
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Firm’s name, address and type of business:________________________________________________________________________________________________
Supervisor’s name and position ______________________________________________________________________
Your Duties______________________________________________________________________________________
Employed from__(Month)_______________to (Month)_________________(Year)_________________________

FINANCIAL HISTORY:

Father’s occupation_________________________ Annual Income_________________________
Mother’s occupation_________________________Annual Income_________________________
Siblings in family older than you____________ Younger than you_______________________
What percentage of your college education and living expenses do you provide or expect to provide beginning in the school year applied for?______________%.
Including yourself, how many members of your immediate family will be in college next year?_________________________
How many are receiving financial assistance in the form of scholarships or grants?_________________________
Do you have a Basic Education Opportunity Grant (BEOG)?__________ If yes, what amount____________
Describe briefly in ANNUAL dollar amounts, estimated college costs for the following:
TUITION_________________________ LIVING EXPENSES________________ BOOKS_________________
Indicate the ANNUAL amount of support from the following sources:
SUMMER WORK________________ PART-TIME WORK________________ LOANS(specify)_________________
SCHOLARSHIPS (specify)________________ OTHER (specify)________________
Please explain the purpose for which scholarship monies will be used________________________________________
________________________________________________________________________________________________
ADDITIONAL INFORMATION:
Answer both of the following questions using only the space provided.

1. What has been your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?
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2. Why are you interested in a construction industry career and what event(s) has led you to this decision? Where possible, explain how your previous work experiences will relate to a construction career.
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Are any members of your immediate family presently employed in the construction industry? ______________________

Name__________________________________ Relationship______________________________
Employer________________________________________________________________________
Position in Company_____________________________________________________________

Name__________________________________ Relationship______________________________
Employer________________________________________________________________________
Position in Company_____________________________________________________________

CONCLUSION:
I agree that the application and all attachments may be used for the purposes of evaluation and selection by the Board of Trustees of the Bruce Tucker Memorial Scholarship Trust.

Signature_________________________________________ Date_____________________________

Enclosures: Application and Evaluation Sheets

Please use additional sheets to provide any other information that you feel is necessary to complete your application.

NOTE TO APPLICANT: You have the ultimate responsibility to insure that the application, all forms and transcripts are received in a timely manner to the BRUCE TUCKER MEMORIAL SCHOLARSHIP TRUST.
TO BE COMPLETED BY SCHOOL FACULTY MEMBER

EVALUATION SHEET

Student Name__________________________________________________Date_________________________

This student ranks___________in a class of ________________________________

Your name has been given as a reference by the above student who has applied for a scholarship from the BRUCE TUCKER MEMORIAL SCHOLARSHIP TRUST to study construction or civil engineering. Your evaluation is important to us in considering this application and we ask that you explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluating purposes.

Please complete this form and return to the Department or school official who is handling your University’s candidate selection or you may mail it directly to the Bruce Tucker Memorial Scholarship Trust.

Evaluator Name________________________________Title__________________________________________

School Name________________________________________________________________________________

Address___________________City________________________State______Zip_____________

How long have you known the applicant?___________________

How often and in what situations have you been in contact with applicant?______________________________________________

_________________________________________________________________________________________

EVALUATION OF SOCIAL AND PERSONAL TRAITS
(use reverse side for notes if necessary)

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Please support your evaluation with a narrative paragraph.

Using the above, indicate your opinion of the applicant’s ability to select a goal and achieve it.

The student’s estimated grade point average is _________ on a 3, 4, 5 or 6-point scale. (circle one)

Signature________________________________

Date____________________________________

Notice to Applicant or School Official: 
This evaluation must be returned to the following address upon completion on or before January 15, 2019.

BOARD OF TRUSTEES
BRUCE TUCKER MEMORIAL TRUST
 c/o Mississippi Valley AGC
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Company/Firm Name___________________________________________________________________________

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