The scholarship committee is now accepting applications for our Annual Scholarship Award. The Scholarship Award will be presented at the September 18th, 2018 IRMCA Golf Outing held at Purgatory Golf Club in Noblesville, IN.

**SCHOLARSHIP INFORMATION:**

1. Scholarships will be presented to juniors or seniors in a civil engineering or construction management technology program at a 4 or 5 year program who intends to pursue a career in concrete design or construction.

2. The dollar amount awarded by the Indiana Ready Mixed Concrete Association is based on the amount accrued in the scholarship fund. In 2018, there will be one (1) individual scholarship award in the amount of $1,500.00.

3. Selection will be based on the information completed in the application, including an official transcript and one (1) professor recommendation. The final selection will be made by the IRMCA Scholarship Committee.

4. If additional space is needed, please use additional sheets. Please sign any supplemental sheets if application is faxed or mailed.

5. The application can be mailed, faxed, or emailed to the contact mentioned below.

**RETURN SCHOLARSHIP ENTRY (by mail, fax or email) TO :**

Indiana Ready Mixed Concrete Association (IRMCA)  
Attn: Jaime Shields  
12045 Michigan Road  
Zionsville, IN 46077

Fax: 317.733.1903  
Phone: 317.733.1902  
Email: jshields@irmca.com

**SCHEDULE**

Completed applications need to be returned no later than Friday, September 7th, 2018.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July 2018</td>
<td>Solicitation for Scholarship Award goes out</td>
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<tr>
<td>September 7, 2018</td>
<td>Deadline for Application</td>
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<tr>
<td>September 11, 2018</td>
<td>Notification of Award Recipient</td>
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<tr>
<td>September 18, 2018</td>
<td>Scholarship Presentation</td>
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NAME________________________________________________________________________________

Last
First
Middle

CAMPUS________________________________________________________________________________

ADDRESS Street City State Zip

HOME________________________________________________________________________________

ADDRESS Street City State Zip

Campus Phone #_________________________Home Phone #__________________________

E-mail Address: ___________________________Student ID #: ____________________________

High School:____________________________Class Size:__________GPA:__________

Address:______________________________________________________________________________

Street City State Zip

High School Activities:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

COLLEGE UNIVERSITY INFORMATION

College Name:____________________________Major___________________________Degree_________________________

Years Attended:_____________________Total Credit Hours to Date_________________________

Current Credit Hours________________________Present Classification:__________________________(i.e. Junior, Senior, etc.)

EDUCATION EXPENSES

Provided By You___________________%
By Your Parents___________________%
By Loans___________________%
Other (Please Specify)___________________%

Total____________________________% 100%

COLLEGE ACTIVITIES

Titles or Offices Held
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

OTHER ACTIVITIES:

_______________________________________________________________________________________
**WORK EXPERIENCE**

<table>
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<tr>
<th>Type of Work</th>
<th>Company</th>
<th>Dates Employed</th>
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**RECOMMENDATION (1)** - please attach teacher recommendation in sealed envelope from school.

**REFERENCES (2)**

1. Name ___________________________ Title ___________________________ Phone ___________________________
   
   Address ___________________________ City ___________________________ State ___________ Zip ___________  

2. Name ___________________________ Title ___________________________ Phone ___________________________
   
   Address ___________________________ City ___________________________ State ___________ Zip ___________  

**FACULTY REFERENCES (2)**

1. Name ___________________________ Title ___________________________ Phone ___________________________
   
   Address ___________________________ City ___________________________ State ___________ Zip ___________  

2. Name ___________________________ Title ___________________________ Phone ___________________________
   
   Address ___________________________ City ___________________________ State ___________ Zip ___________
What are your career objectives?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Explain in one short paragraph why you are seeking a scholarship?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Generally speaking, how do you spend your time outside of University-related activities and formal employment?

________________________________________________________________________________________________________

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Additional comments or information.

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__________________________
Signature

__________________________
Printed Name

__________________________
Date

Other pertinent information may also be submitted at your discretion.

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