



TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES

If space provided in any section proves inadequate, information may be continued on additional sheets of paper using the same format and attached to the application. Do not repeat information already reported on the application form. **The application postmark deadline is Jan. 31.**

2018-19 Melvin Kruger Endowed Scholarship Program

FOR Scholarship Management Services USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last name _____ First name _____ Middle initial _____

Permanent home mailing address _____

City/State/ZIP _____

Date of birth Month _____ Day _____ Year _____ Telephone number(____) _____

E-mail _____ Social Security number _____

Please indicate your gender and race. (For statistical purposes only.)

Male Alaskan Native American Indian Asian, Pacific Islander or East Indian Multiracial

Female African American Hispanic or Latino White

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last name _____ First name _____ Middle initial _____

Job title _____ Department _____

Employer _____ City _____ State ____ ZIP _____

NRCA contractor member NRCA supplier member

Relationship to Applicant _____

Work telephone (____) _____ Fax _____

E-mail _____

Is applicant a dependent, spouse, or family member of the CEO, President or owner of the NRCA contractor or supplier member company? yes no

Is the applicant a relative of an Alliance officer or board of trustees member? yes no A dependent of employee? yes no

HIGH SCHOOL DATA

School name _____ Graduation date: Month _____ Year _____

City _____ State _____ Telephone (____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

Four-year college or university Two-year community or junior college Vocational or technical school

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Year in post-secondary program next school year 1 2 3 4 5

Major or course of study _____ Anticipated date of graduation _____ Month _____ Year _____

Degree sought: Bachelor Associate Certification Other _____

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	Dates		Hours per Week	Amount Earned
	From Month/Year	To Month/Year		

**ACTIVITIES,
AWARDS AND
HONORS**

List all activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether these were high school or college activities.**

Activity	Number of Years Active	High School or College	Special Awards, Honors	Offices Held	Activity	Number of Years Active	High School or College	Special Awards, Honors	Offices Held

**GOALS AND
ASPIRATIONS**

Make a statement of your plans as they relate to your educational and career objectives and long-term goals.

**FIRESTONE
BUILDING
PRODUCTS ESSAY**

In addition to the other requirements, if you are applying for the Firestone scholarship you also must submit a one-page essay (approximately 300 words) describing how you envision applying your studies to advancing environmental issues in the construction/roofing industry. Majors may include but are not limited to construction management, architecture, business and engineering.

**UNUSUAL
CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

**APPLICANT
APPRAISAL
(REQUIRED)**

This section is to be completed by a high school or college counselor or adviser, instructor or work supervisor who knows you well. Appraiser: You have been asked to provide information in support of this application. Please give serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. **(A letter of reference does not replace this section.)**

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes task	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and other is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vocational or technical transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
2. **High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____
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Cumulative Grade Point Average
Weighted: _____/4.0 scale
Unweighted: _____/4.0 scale

SAT		
Critical Reading	Math	Writing

ACT				
English	Math	Reading	Science	Composite

School _____
 Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's _____
 Address Street _____ City _____ State _____ ZIP _____

APPLICATION CHECKLIST

The student is responsible for submitting materials on time. Incomplete applications will not be evaluated. This application for a scholarship becomes complete and valid only when all of the following materials are sent:

- Student application
- Current complete transcript(s) of grades (including grading scale)
- Firestone essay (if applying for Firestone scholarship)

Send by postmark deadline Jan. 31 to:
The Roofing Industry Alliance for Progress Melvin Kruger Endowed Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

SELECTION OF RECIPIENTS

The Alliance's board of trustees has the sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive brochure. Decisions of the board of trustees are final.

CERTIFICATION

I acknowledge decisions of the Alliance's board of trustees are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Scholarship Management Services.

Applicant's signature _____ Date _____
 Employee's signature _____ Date _____

(Mail completed application and current complete official transcript directly to Scholarship Management Services.) All Rights Reserved

