###### SCHOLARSHIP APPLICATION

The ASCE South Jersey Branch is pleased to announce the availability of the following undergraduate scholarship. The Scholarship winner(s) will be recognized at our annual awards banquet.

**Type of Award:**

We recognize that the different colleges have differences in the regulations as to scholarships, stipends and awards. It is the South Jersey Branch’s intent to provide this award to give the maximum financial support to the individual engineering student within his/her college’s rules. A check will be issued to the Bursar of the winner’s college for deposit into the winner’s account. **The scholarship amount will be $1000.**

**Eligibility Requirements:**

1. Any third year undergraduate of a four year BSCE program, or any fourth year undergraduate of a five year BSCE program who is a member of an ASCE Student Chapter may apply for these scholarships without restriction as to academic class standing or marital status, subject to the requirement that the applicant must be a member in good standing at the time of application and award. The scholarships shall be awarded only to a student who will utilize the funds to continue with undergraduate education in Civil Engineering.
2. Previous winners of these scholarships are not eligible for this award
3. The student must be matriculating in a full-time Civil Engineering program at Rowan University or have a permanent residence in South Jersey. South Jersey includes the following counties: Burlington, Ocean, Camden, Gloucester, Atlantic, Salem, Cumberland, and Cape May.
4. Eligible students must be maintaining at least a 2.5 grade point average.

**Faculty Advisor Evaluation:**

Each Chapter’s faculty advisor will evaluate all their candidates and submit them to the South Jersey Branch’s Scholarship Committee (address under “Submission” below). The GPA and/or class rank should be verified as they may be used by the Scholarship Committee in their evaluation. If the university does not release class rank, the advisor should provide some indication as to the candidate’s standing. The advisor will formally nominate these candidates by including a letter of endorsement from a member of the faculty along with the submission.

**Submission:**

Submissions must be made to the faculty advisor by **Friday, September 13, 2024**. The faculty advisor must submit their nominations to the Scholarship Committee Chairperson. The nominations must be postmarked or emailed by **Friday,** **September 20, 2024.** The applications can be submitted via email to bradsummerville@ptconsultantsinc.com or the following address can also be used:

Brad Summerville, P.E.

PT Consultants, Inc.

560 Benigno Blvd, 2nd Floor

Bellmawr, NJ 08031

**Branch Evaluation:**

The South Jersey Branch Scholarship Committee will evaluate all nominations and shall select the student(s) to receive the scholarship. The award recipients will be notified by, November 1, 2024. The award recipients will be asked to participate in future ASCE educational outreach activities.

## PART I - STUDENT APPLICATION

**This section is to be completed by the student applicant. Type or print clearly. Once complete, forward Parts I & II to your Faculty Advisor for completion of Part II.**

General Information:

Applicant’s Name: Age:

 (Last) (First) (M.I.)

Permanent Mailing Address:

(Number & Street) (City) (State) (Zip)

Local Address:

(Number & Street) (City) (State) (Zip)

Local Phone Number: - - Email Address:

Permanent Phone Number: - - (Number where you can be reached during the summer)

College/University now attending: Student ID No.:

Bursar Office Mailing Address:

 (Number & Street) (City) (State) (Zip)

Cumulative Grade Point Average:

Current Year:

Expected graduation date: Anticipated Degree:

 (Month) (Year)

Are you a member of the ASCE Student Chapter (circle): Yes No Date joined:

 (Month) (Year)

Are you a US.citizen? \_\_\_\_\_\_\_\_\_

## Work Experience, Activities and Honors:

List all employment including part-time and summer jobs you have held since the completion of your junior year in high school. (Please continue on a separate sheet if required or attach resume as an alternate method.)

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Employment Dates of Employment Hrs.per week

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Employment Dates of Employment Hrs. per week

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Duties

Activities:

List your school and community activities (other than jobs), in the order of interest to you that you have been involved in since the completion of your junior year in high school. (Please continue on a separate sheet if required.)

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Activity Hrs Per Week School Year

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Your Most Significant Contribution

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Activity Hrs Per Week School Year

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Activity Hrs Per Week School Year

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Your Most Significant Contribution

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Activity Hrs Per Week School Year

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Your Most Significant Contribution

Honors:

List any special honors and awards you have won, either in or out of school, since the completion of your junior year in high school. (Please continue on a separate sheet if required.)

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Description of Honor or Award School Year Awarded

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Description of Honor or Award School Year Awarded

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Description of Honor or Award School Year Awarded

#### **Career Goals:**

Prepare an essay (not to exceed 200 words) describing your career goals and ambitions as they relate to your future as an engineer. Attach the essay to your application.

**Financial Need:**

Please answer the following questions:

1. What percent of your tuition is being paid for by scholarships during the current school year? \_\_\_\_\_\_\_\_\_

2. What percent of your tuition do you anticipate being paid for by scholarships during the next school year? \_\_\_\_\_\_\_

Please explain any other circumstances regarding financial need that you would like the Scholarship Committee to consider.

Applicant Certification:

**I hereby certify that the information as submitted in this application is correct, and that I meet the eligibility requirements outlined herein.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Date**

PART II - FACULTY ADVISOR RECOMMENDATION FORM

**This section is to be completed by the student’s faculty advisor. Type or print clearly. Once complete, send the finished application (parts I & II and any attachments) to the address shown on page 1. ASCE will consider all information contained on this form confidential.**

Faculty Advisor’s Name:

 (Last) (First) (M.I.)

College/University:

Address:

(Number & Street) (City) (State) (Zip)

Phone Number: - - Email Address:

General Information:

*Please answer the following questions:*

1. How long have you known the applicant? From to
2. What is the applicant’s class rank?
3. What is the applicant’s GPA?
4. Does the applicant participate in the ASCE Student Chapter Activities?
5. Is the applicant an officer in the ASCE Student Chapter? Position?
6. Are you aware of the applicant’s involvement in extracurricular activities?

If yes, please comment.

1. Please comment on the applicant’s character and reputation:
2. In what regard is the applicant held by his/her instructors?
3. In what regard is the applicant held by his/her fellow students?

1. Are you aware of any special financial difficulties being experienced by the applicant, which should be considered

 by the scholarshipcommittee? If yes,please comment:

 **(Signature) (Date)**