

**THE ASSOCIATED GENERAL CONTRACTORS OF ILLINOIS
EDUCATION FOUNDATION SCHOLARSHIP
APPLICATION**

NAME:

Last	First	M.I.
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ADDRESS:

Street, P. O. Box, Rural Route

City	State	Zip Code
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EMAIL ADDRESS _____

DATE OF HIGH SCHOOL GRADUATION: _____

CURRENTLY ENROLLED IN COLLEGE? _____

IF SO, NAME AND ADDRESS OF COLLEGE: _____

IF NOT, COLLEGE CHOICE: _____

MAJOR COURSE OF STUDY: _____

WORK EXPERIENCE:

COMPANY	POSITION/TYPE OF WORK	EMPLOYED FROM – TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION FOUNDATION SCHOLARSHIP APPLICATION CONT'D

FATHER'S NAME: _____

ADDRESS: _____
Street, P. O. Box, Rural Route

City State Zip Code

TELEPHONE NUMBER: _____

NAME/ADDRESS OF FATHER'S EMPLOYER OR FIRM: _____

MOTHER'S NAME: _____

ADDRESS: _____
Street, P. O. Box, Rural Route

City State Zip Code

TELEPHONE NUMBER: _____

NAME AND ADDRESS OF MOTHER'S EMPLOYER OR FIRM: _____

YOUR SIGNATURE: _____

Date

SIGNATURE OF PARENT(S): _____

Date

Please list separately any clubs, teams, honors, hobbies, etc. in which you have participated. Include such things as Girl Scouts, Boy Scouts, with ranks achieved, class offices held, give dates of participation.

Please refer to the STATEMENT OF REQUIREMENTS for additional information that must be provided for consideration.

Completed applications should be mailed to: **AGC of Illinois/3219 Executive Park Dr./ Springfield, IL 62703. Applications must be postmarked by March 31, 2022.**