



Missoula Plans Exchange  
PO Box 3109  
Missoula, MT 59806  
406-549-5002 Phone  
406-721-2941 Fax  
www.mpe.us

## ***Missoula Construction Council Scholarship Application Form***

The applicant must be a member, in good standing, of the Missoula Plans Exchange, an employee of a member, the immediate family of a member, or the immediate family of an employee of a member. Applicants must be able to show enrollment in a post-secondary education curriculum as a full time student (12 semester credits) prior to the scholarship being awarded. The school selected must be a regional / nationally accredited public or private College, University, College of Technology or Trade School.

Scholarships will be awarded in consideration of academic record, outside school activities, work experience (paid and volunteer work) and on the content and appearance of the application packet. The scholarship may be used for any field of study including vocational education. Special consideration may be given to applicants seeking education related to or in the construction industry.

Application material shall include: Scholarship Application, official transcripts from high school and post-secondary, if applicable, official test scores (ACT / SAT), verification of employment of MPE member, 300 words or less statement of need for scholarship and how the scholarship will be used to accomplish applicant's goals and two letters of recommendation from instructors or community leaders.

The following scholarship amounts may be given annually, which may change at the discretion of the MCC Board of Directors:

(4) \$1000

(4) \$750

(6) \$500

Each check will be made payable to the institution of enrollment.

**Applications must be submitted no later than, May 1, 2010** to the Missoula Plans Exchange, c/o Missoula Construction Council Scholarship Committee, PO Box 3109, Missoula, MT 59806.

Missoula Construction Council

**College Scholarship Application**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School / College: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ (attach transcript 7 or 8 semesters)

Class Ranking: \_\_\_\_\_ in a senior class of: \_\_\_\_\_

Community College: \_\_\_\_\_ Vocational School: \_\_\_\_\_ University: \_\_\_\_\_

Name of Post Secondary School/s Considered:

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

Has the applicant taken the SAT \_\_\_\_\_ ACT \_\_\_\_\_ Tests?

Where? \_\_\_\_\_

If ACT/SAT tests completed, please attach scores.

If ACT/SAT test not completed, please forward when available.

Honors and Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offices and Positions of Leadership (Name of Organization, Position, Year) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participation in Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification and Release Authorization**

I certify this information is true, complete, and accurate and that I meet the eligibility guidelines of the Scholarship Program. I authorize release of information to confirm or verify this application

\_\_\_\_\_

Member / Employee of Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Member / Employee Name (Please Print)

\_\_\_\_\_

Company (Please Print)

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date