



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

Missoula Construction Council Scholarship Application Form

It's that time of year again!!! Application Deadline is April 29, 2011. 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, April 29, 2011 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