2020 CAWV SCHOLARSHIP PROGRAM

INSTRUCTION SHEET

All applications must be received by the Contractors Association of West Virginia (CAWV) Office, 2114 Kanawha Boulevard, East, Charleston, West Virginia 25311 no later than February 28, 2020.

I. **Cover Letter:** Each applicant must include a cover letter with their application packet. This letter should introduce the applicant and explain their reasons for applying, professional goals, involvement in extra curricular activities and reasons in which they feel they would be deserving of the CAWV Scholarship. **Mail this letter to the CAWV.**

II. **Application Form:** This application is to be completed, signed and dated. Add additional sheets as necessary if sufficient space is not provided. **Mail this Application to the CAWV.**

III. **Transcript:** Each applicant is to provide an official transcript of their college record from their institution. This transcript will be used in determine academic eligibility for the scholarship. **Mail this transcript to the CAWV.**

IV. **Letter of Recommendation:** Each applicant shall provide a letter from a faculty member recommending the student for the CAWV Scholarship. This letter should be kept confidential in a sealed envelope addressed to the CAWV and included inside the applicant's package. **Mail this letter of recommendation to the CAWV.**

Applicants will be judged on academic performance, desire to work in the construction industry, work experience, financial need and extra curricular activities. Applicants **must** be a West Virginia resident and **must** be a sophomore, junior or senior enrolled, or planning to enroll, in a civil engineering or a construction related four (4) year degree program in a West Virginia college or university, or attending an out of state school offering a construction related curriculum not available in West Virginia. All applicants will be reviewed, and finalists may be interviewed by CAWV representatives.

If you elect to complete the Application form and send it to the CAWV on-line, be sure to mail the Cover Letter, Official Sealed Transcript and Letter of Recommendation to the CAWV office. We must receive the entire packet by February 28, 2020.
CONTRACTORS ASSOCIATION OF WEST VIRGINIA
$6,000 SCHOLARSHIP APPLICATION
Complete Application and Mail to Contractors Association of West Virginia

■ PERSONAL INFORMATION

Name: _____________________________________________________________

(Last) (First) (Middle)

Address: (Home) ________________________________________________

(Number & Street)

(City) (State) (Zip)

Address: (College) ______________________________________________

(Number & Street)

(City) (State) (Zip)

Telephone: (Cell) _______/_________ (Home) _______/__________

Date of Birth: ____________________________________________________

Email Address: ___________________________________________________

■ SCHOLASTIC INFORMATION

College(s) Attended:

College Dates Attended

Major Anticipated Graduation

College Dates Attended

Major Anticipated Graduation

Major Field of Study: _____________________________________________
Current Status:  Sophomore ________  Junior _____ Senior ______

Overall Grade Point Average ______  (Based On A=4.0)

Which eligible college or university do you (plan to) attend:
West Virginia University ______  Fairmont State ______
West Virginia Tech ______ Bluefield State ______
Marshall University ______ Other ________________________

Major field of study at eligible college or university: __________________________

■ EMPLOYMENT HISTORY

List work experience beginning with most recent employment, including summer work (Use additional sheets if necessary)

From _______________ To _______________

Firm’s Name and Type of Business __________________________

_______________________________________________________

Address: ___________________________________________

Immediate Supervisor ____________________ Phone ____________

Your Duties______________________________

_____________________________________________________

From _______________ To _______________

Firm’s Name and Type of Business __________________________

_____________________________________________________

Address: ___________________________________________

Immediate Supervisor ____________________ Phone ____________

Your Duties______________________________

_____________________________________________________

I agree that the above statements and any attachments are true and may be used for the purposes of evaluation and selection.

Signature  ____________________________ Date _____________________

Note:  All Information must be received by **February 28, 2020** at the CAWV Office, 2114 Kanawha Boulevard, East, Charleston, West Virginia 25311  
       (304) 342-1166  FAX (304) 342-1074  WWW.CAWV.ORG