

PROFESSIONAL CONSTRUCTION ESTIMATORS ASSOCIATION OF AMERICA, INC. PCEA-Orlando SCHOLARSHIP

Member Student Scholarship

Remit to:

APPLICATION FORM FOR MEMBER STUDENT SCHOLARSHIP SCHOLARSHIP COMMITTEE PCEA Scholarship Committee Board PO Box 1669 Orlando, FL 32801-1669

or Email to: Kelly@GarciaPlace.com

Eligibility/Requirements:

- -Member or family member of a current PCEA Orlando Chapter Member
- -Must be enrolled in a higher education or technical training program in the year of award
- -Must be at least two years since you last received this scholarship

Deadline:

- Completed Application to be received by February 1, 2024

Award:

- The scholarship will be awarded based on the recommendation of the PCEA Scholarship Committee with the PCEA Board of Director final approval. The proposed recipient must prepare a letter of acknowledgement upon notification of award prior to a being issued a check.

I. PERSONAL INFORMATION

A. Name:				
First		Middle	Last	
B. Contact:				
Address:Number & Stree		City	S	State ZIP
Telephone:		Cell Pho	ne:	
Email:				
C. Date of Birth:				
D. Parent/Guardian:				
Name(s):				
Occupation(s):				
E. Member Relationship:				
Name of Member:				
Relationship:			Years in Organizat	tion
II. SCHOLASTIC INFO	ORMATION			
Education	Name	Location	Duration	Graduation/Anticipated Graduation
High School				
College/University				
College/University				
College/University				
Please provide a chrograduation. (Attach t		of your activities if not	continuously enrolled	in school since high school
B. Current Year in School	(Sophomore, Jun	ior, Senior, Graduate):		
C. If you are not currently those colleges to which you				other school, list below

	Loca	Location		epted (yes/pending)	Graduation / Anticipated Graduation
D. In what program do you	•				
E. Attach a copy of a transc	cript for	the school you are pre	sently atte	ending	
III. EMPLOYMENT H	ISTOR	Y			
A. List below full-time empresponsibilities (beginning			nt, or othe	r part-time work, briefly	explaining duties and
Business Name & Type of '	Work	City, State		From - To (month/yr)	Duties
IV. ADDITIONAL INF	ORMA	TION			
A. Attach a separate comm	nentary d	escribing yourself and	l covering	the following topics:	
 Career Goals Construction Expe Extracurricular Ac positions held if an 	tivities (communi	ty organizations, athletic	es, hobbies, etc included
B. Character Recommenda your personal and work				n from individuals that h	ave knowledge of you and
Applicants NameAuthors Name andAuthors Connection		Applicant			
I agree that this application Scholarship Committee of th					
Signature:				D	