This scholarship program is sponsored by the Contractor membership of the Virginia Transportation Construction Alliance and provides support to deserving young men and women pursuing college credit in an undergraduate program related to the transportation construction industries.

Virginia Transportation Construction Alliance
620 Moorefield Park Drive, Suite 120
Richmond, Virginia 23236-3692
Phone: 804-330-3312  Fax: 804-330-3850
e-mail: stephanie@vtca.org
web site: www.vtca.org

Deadline: May 7, 2019
Please complete all sections of the application and return to: VTCA Contractor Scholarship, 620 Moorefield Park Drive, Suite 120, Richmond, VA 23236-3692. This form must be accompanied by a brief essay describing yourself, your interests and career goals. We must also receive your transcripts, reference form and certification form. All materials must be received by May 7, 2019. Should you have any questions, contact Stephanie Rusnak at 804-330-3312.

Name: ________________________________________________

Last     First     Middle

Home Address: __________________________________________
Number and Street     City     State     Zip

College Address: ________________________________________
(If applicable) Number and Street     City     State     Zip

Telephone: (     )_________ School Phone: (     )_________ Birthdate: ____________

E-mail Address: ________________________________________

Parents or Legal Guardian’s Name: _________________________

Address: ______________________________________________

Employer & Phone: _______________________________________
(Must be a member of VTCA)

List the colleges, universities or trade schools to which you have applied or are considering applying:
_____________________________________________________
_____________________________________________________

If you are presently in college, please provide the following:

<table>
<thead>
<tr>
<th>School &amp; City</th>
<th>Degree Program</th>
<th>GPA</th>
<th>Expected Graduation Date</th>
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List all secondary schools attended (Name & City):

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What extracurricular/leadership activities have you been involved in that you believe have made you a better citizen of your school and community?

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Have you had any work experience? Employment Information: Please provide a brief summation of your employment history, beginning with your most recent or present job. If the position was a part-time one, indicate how many hours you worked each week. If necessary, use additional sheets.

From __________ to __________  
Month/Year     Month/Year

Company name and type of business: ________________________________

Address: _________________________________________________________

Supervisor’s name and position: ______________________________________

Your duties: ________________________________________________________

______________________________________________________________________
______________________________________________________________________

From __________ to __________  
Month/Year     Month/Year

Company name and type of business: ________________________________

Address: _________________________________________________________

Supervisor’s name and position: ______________________________________

Your duties: ________________________________________________________

______________________________________________________________________
______________________________________________________________________
If dependent:

Father’s or spouse’s occupation: ________________________________

Mother’s or spouse’s occupation: ________________________________

Brothers and sisters in family: ______________ Number dependent on parents: _______

What percent of your education and living expenses do you provide or expect to provide? This includes student loans ______________

Including yourself, how many members of your immediate family will be in college next year? ______

Are you receiving financial aid in the form of scholarships or grants? ______________

If yes, how much? ______________

Briefly outline your anticipated annual college costs.

Tuition: ______________ per year

Living Expenses: __________ per year

Books: ______________ per year

Other: ______________ per year Describe: ________________________________

Additional comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby certify that the information here is true and accurate. I understand that the VTCA Contractor Scholarship, if awarded to me, will be paid to the accredited higher education institution of my choice. I give my permission for the information contained herein to be used in the evaluation of my application. I also understand that the references received by VTCA in support of my application will be held in confidence.

Signature of applicant: ___________________________ Date: __________

Parent or guardian signature: ___________________________ Date: __________

(if under age 18)

To be considered complete, your application must be accompanied by the following:

• Brief essay describing yourself, your interests and career goals
• Current high school or college transcripts
• Reference form completed by a member of your academic community if currently enrolled or reference letter if not currently enrolled
• Certification form
The VTCA Contractor Scholarship is funded and supported by the Contractor membership of the Virginia Transportation Construction Alliance.

**Objective:**

To provide financial assistance to qualified and deserving students pursuing college credit in an undergraduate program related to the transportation construction industry. Applicants will preferably have a demonstrated interest in some area of the transportation industries.

**Funding:**

The scholarship is funded by the Contractor Membership of VTCA. The amount of the scholarship for the 2019-2020 academic year will be up to $4000. The Contractor Scholarship Committee reserves the right to change the number or amount of the scholarships.

**Eligibility:**

1. Employees, spouses and dependent children of VTCA member companies are welcome to apply.

2. This program is for undergraduates only. Applicants must be completing their senior year of high school or be enrolled in a college, community college, university or trade school in pursuit of a degree in Virginia. [Applicants must be enrolled at, or have an acceptance letter from, an accredited institution at the time of the scholarship award.] Applicants must have a minimum cumulative grade point average of 2.0 on a 4.0 scale.

3. A recipient of a scholarship in one year may apply the following year, and may receive preference based upon performance. VTCA reserves the right, however, to award the scholarship to another applicant whose qualifications exceed those of a previous recipient.
**Application Process:**

Candidates must submit:

1. A brief essay describing yourself, your interests and career goals.
2. The application form.
3. High school or college transcripts.
4. Reference form completed by a member of the applicant’s academic community if you are currently enrolled. If not currently enrolled, please supply us with a reference letter.
5. Form certifying that you, your spouse or a parent is employed by a VTCA member.

Entries must be received by VTCA by May 7, 2019 for the 2019-2020 scholarship.

**Evaluation and Selection:**

Applications will be screened by the Contractor Scholarship Committee. The criteria for selection include academic performance, employment experience and extracurricular and leadership activities. Applicants may be required to meet personally with members of the selection committee. Selections will be announced mid-summer. In the event no qualified students apply, VTCA reserves the right to withhold the scholarship.

**Obligation of the Recipient:**

Incomplete applications will not be reviewed. The recipient must sign and return the Scholarship Policies. The recipient will also be required to attend an awards presentation convenient to his or her geographic location.

**For Further Information:**

For an application package or for more information visit our web site at www.vtca.org and click on Resources or contact Stephanie Rusnak at VTCA, 804-330-3312, fax 804-330-3850, e-mail stephanie@vtca.org.
VTCA MEMBER CERTIFICATION

Please have your parent’s, spouse’s or your employer (must be a VTCA member) complete the following.

Applicant Name  VTCA Member Employee Name

The above-listed student has applied for a scholarship to be used to help meet expenses while pursuing college credit in an undergraduate program related to the transportation construction industries. The applicant has indicated that they, their parent or legal guardian, or their spouse is employed by your firm, which is a member of VTCA. We ask that you confirm this. If you have any questions, please contact Stephanie Rusnak at 804-330-3312. Thank you.

Company:  
Address:  

Employer signature:  Date:  
Name & Title:  

Please return this form by May 7, 2019 to:

Stephanie Rusnak  
VTCA Contractor Scholarship  
620 Moorefield Park Drive, Suite 120  
Richmond, VA 23236-3692  
Phone: 804-330-3312  
Fax: 804-330-3850  
E-mail: stephanie@vtca.org  
Web: www.vtca.org
VIRGINIA TRANSPORTATION CONSTRUCTION ALLIANCE

CONTRACTOR SCHOLARSHIP

REFERENCE FORM

(To be completed by a member of the applicant’s academic community)

Person to complete form: _________________________________________________

Return to: Stephanie Rusnak
VTCA Contractor Scholarship
620 Moorefield Park Drive, Suite 120
Richmond, VA 23236-3692
804-330-3312, 804-330-3850 fax

Your name has been given as a reference by the applicant named below, who has applied
for a scholarship from the Virginia Transportation Construction Alliance (VTCA). Your
evaluation is important to us in considering this application, and we ask that you comment
fully. All comments will be used only for evaluation purposes and will be kept confidential.
The applicant and his or her parent/guardian have consented to the confidentiality of your
evaluation, as evidenced by their signatures on the reverse.

Please complete this form and mail it to VTCA so that we will receive it by May 7, 2019.
The applicant is considered responsible for submission of all required forms by this date.

Name of Applicant: ________________________________________

First     Middle     Last

How long have you known the applicant? _____________________________

In what capacities? _________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

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___________________________________________________________________

___________________________________________________________________

(over, please)
Please rate each characteristic listed, using a scale of 0 to 10, with 10 being Superior and 0 being Poor.

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<tr>
<th>Characteristic</th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
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<tr>
<td>Cooperation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>Courtesy</td>
<td>5</td>
<td>6</td>
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<td>Completeness of Assignments</td>
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<td>Extracurricular Activities</td>
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<td>Integrity</td>
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Please provide a brief narrative description of your knowledge of the applicant’s abilities, character and need/desire for a scholarship.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature _______________________________ Title _______________________________

Department ______________________________ Date ______________________________

Thank you for your assistance.

I hereby establish a confidential reference file with the Virginia Transportation Construction Alliance in connection with my scholarship application.

Applicant _______________________________ Date ______________________________

Parent/Guardian (if applicant is under age 18) _______________________________ Date ______________________________

sr:RefFormContr19