THE ASSOCIATED GENERAL CONTRACTORS OF ILLINOIS EDUCATION FOUNDATION SCHOLARSHIP APPLICATION

NAME:		
Last	First	M.I.
ADDRESS:		
Street, P. O. Box, R	ural Route	
City	State	Zip Code
EMAIL ADDRESS		
DATE OF HIGH SCHOOL	GRADUATION:	
CURRENTLY ENROLLED	IN COLLEGE?	
IF SO, NAME AND ADDRE	ESS OF COLLEGE:	
IF NOT, COLLEGE CHOIC	E:	
MAJOR COURSE OF STU	JDY:	
WORK EXPERIENCE:		
COMPANY	POSITION/TYPE OF WORK	EMPLOYED FROM – TO

EDUCATION FOUNDATION SCHOLARSHIP APPLICATION CONT'D

FATHER'S NAME:		
ADDRESS:		
ADDRESS:Street, P. O.	Box, Rural Route	
City	State	Zip Code
TELEPHONE NUMBER:		
NAME/ADDRESS OF FATHER'S	EMPLOYER OR FIRM:	
MOTHER'S NAME:		
ADDRESS:		
	Box, Rural Route	
City	State	Zip Code
TELEPHONE NUMBER:		
NAME AND ADDRESS OF MOTH	HER'S EMPLOYER OR FIRM:	
YOUR SIGNATURE:		
SIGNATURE OF PARENT(S):		Date
<u> </u>		Date

Please list separately any clubs, teams, honors, hobbies, etc. in which you have participated. Include such things as Girl Scouts, Boy Scouts, with ranks achieved, class offices held, give dates of participation.

Please refer to the STATEMENT OF REQUIREMENTS for additional information that must be provided for consideration.

Completed applications should be mailed to: AGC of Illinois/3219 Executive Park Dr./
Springfield, IL 62703 or email bkesterson@agcil.org
Applications must be postmarked by March 31, 2024.