The scholarship committee is now accepting applications for our Annual Scholarship Award. The Scholarship Award will be presented at the September 19th, 2017 IRMCA Golf Outing held at Purgatory GC in Noblesville, IN.

**SCHOLARSHIP INFORMATION:**

1. Scholarships will be presented to juniors or seniors in a civil engineering or construction management technology program at a 4 or 5 year program who intends to pursue a career in concrete design or construction.

2. The dollar amount awarded by the Indiana Ready Mixed Concrete Association is based on the amount accrued in the scholarship fund. In 2017, there will be one (1) individual scholarship award in the amount of $1,500.00.

3. Selection will be based on the information completed in the application, including an official transcript and one (1) professor recommendation. The final selection will be made by the IRMCA Scholarship Committee.

4. If additional space is needed, please use additional sheets. Please sign any supplemental sheets if the application is faxed or mailed.

5. The application can be mailed, faxed, or emailed to the contact mentioned below.

**RETURN SCHOLARSHIP ENTRY (by mail, fax or email) TO :**

Indiana Ready Mixed Concrete Association (IRMCA)  
Attn: Jaime Shields  
12045 Michigan Road  
Zionsville, IN 46077  

Fax: 317.733.1903  
Phone: 317.733.1902  
Email: jshields@irmca.com

**SCHEDULE**

Completed applications need to be returned no later than Friday, September 8th, 2017.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July 2017</td>
<td>Solicitation for Scholarship Award goes out</td>
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<tr>
<td>September 8, 2017</td>
<td>Deadline for Application</td>
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<tr>
<td>September 12, 2017</td>
<td>Notification of Award Recipient</td>
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<tr>
<td>September 19, 2017</td>
<td>Scholarship Presentation</td>
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NAME________________________________________________________________________________

Last
First
Middle

CAMPUS________________________________________________________________________________

ADDRESS Street City State Zip

HOME________________________________________________________________________________

ADDRESS Street City State Zip

Campus Phone #_____________________________Home Phone #______________________________

E-mail Address: ___________________________ Student ID #: ____________________________

High School:_______________________________Class Size:_________GPA:________

Address:______________________________________________________________________________

Street City State Zip

High School Activities:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

COLLEGE UNIVERSITY INFORMATION

College Name:______________________________________________________________

Years Attended:_________________________Major___________________________Degree________________

Current Credit Hours______________________Total Credit Hours to Date_________________________

Present Classification:___________________________________________(i.e. Sophomore, Junior, etc.)

EDUCATION EXPENSES

Provided By You_________________________%

By Your Parents_________________________%

By Loans_______________________________%

Other(Please Specify)_____________________%

Total_______________________________ 100%

COLLEGE ACTIVITIES

Titles or Offices Held

______________________________________________________________________________________

______________________________________________________________________________________

OTHER ACTIVITIES:
WORK EXPERIENCE

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Company</th>
<th>Dates Employed</th>
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RECOMMENDATION (1) - please attach teacher recommendation in sealed envelope from school.

REFERENCES (2)

1. ____________________________________________  
   Name ___________________________  Title _______________  Phone ______________________
   Address _______________________  City _________________  State ___________  Zip __________

2. ____________________________________________  
   Name ___________________________  Title _______________  Phone ______________________
   Address _______________________  City _________________  State ___________  Zip __________

FACULTY REFERENCES (2)

1. ____________________________________________  
   Name ___________________________  Title _______________  Phone ______________________
   Address _______________________  City _________________  State ___________  Zip __________

2. ____________________________________________  
   Name ___________________________  Title _______________  Phone ______________________
   Address _______________________  City _________________  State ___________  Zip __________
What are your career objectives?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Explain in one short paragraph why you are seeking a scholarship?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Generally speaking, how do you spend your time outside of University-related activities and formal employment?

__________________________________________________________________________________________________________
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Additional comments or information.

__________________________________________________________________________________________________________
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ATTACH A COPY OF YOUR OFFICIAL COLLEGE TRANSCRIPT

Signature________________________________________________________________________________________________

Printed Name____________________________________________________________________________________________

Date_____________________________________________________________________________________________________

Other pertinent information may also be submitted at your discretion.

__________________________________________________________________________________________________________
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