The scholarship committee is now accepting applications for our Annual Scholarship Award. The Scholarship Award will be presented at the September 20th, 2016 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 2016, 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 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 9th, 2016.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July 2016</td>
<td>Solicitation for Scholarship Award goes out</td>
</tr>
<tr>
<td>September 9, 2016</td>
<td>Deadline for Application</td>
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<tr>
<td>September 13, 2016</td>
<td>Notification of Award Recipient</td>
</tr>
<tr>
<td>September 20, 2016</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?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Additional comments or information.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

ATTACH A COPY OF YOUR OFFICIAL COLLEGE TRANSSCRIPT

Signature ____________________________________________________________

Printed Name _____________________________________________________

Date ______________________________________________________________

Other pertinent information may also be submitted at your discretion.

__________________________________________________________________________________________________________
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