



AMERICAN COUNCIL OF ENGINEERING COMPANIES
of South Carolina

Information

ACEC-SC 2024 Member Firm Employee Scholarship Program

General Information:

The Member Firm Employee Scholarship Program is a competitive scholarship program sponsored by ACEC-SC intended to support employees of ACEC-SC member firms that still carry debt from their undergraduate degree or are pursuing a graduate degree. Up to \$3,500 will be awarded to the applicant that demonstrated eligibility and scored highest among applicants.

Applications are due **APRIL 15, 2024** – APPLICATIONS MUST BE RECEIVED AT ACEC-SC HEADQUARTERS BEFORE OR ON THE DEADLINE DATE. IF YOU APPLICATION IS NOT RECEIVED BY DEADLINE DATE IT WILL BE DISQUALIFIED.

Eligibility:

Candidates shall successfully demonstrate the following:

1. Full time employee of a Member Firm and domiciled in SC
2. Have qualified educational loan debt (may be from past degree or current post-graduate program)

Scoring:

Applications will be scored and ranked using the following information:

- Position / Title
- Job Duties
- Experience
- Professional Accreditations, Memberships, and Affiliations
- Professional Goals
- Education Debt
- Statement of Need for Financial Assistance
- *AND*
- Recommendations on how South Carolina can stay competitive in the regional, national, and global economy



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Application Part 1 – Applicant Data

Complete the following and mail to the address below:

Telephone Number (direct dial or mobile number): _____

Name: _____

Email address: _____

Address: _____

Employer: _____

Education:

School, Year of Graduation, and Degree Obtained: _____

Major Completed: _____

Education Loan Debt:

Financial Institution(s) and Current Balance(s): _____

Attachments:

Attach the following information:

1. Official or copy of current transcript
2. Proof of Loan Debt (including statement indicating current balance)

Transmittal:

Mail completed application and all attachments to the following address:

ACEC-SC
Attn: Adam B. Jones
826 Assembly Street
Columbia, SC 29201
(803) 771-4271



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Application Part 2 – Blind Selection Information

Complete the following, enclose in a sealed envelope with only your telephone number visible on outside, and mail the envelope together with Application Part 1 and its attachments.

PLEASE OMIT IDENTIFYING INFORMATION FROM PART 2 (such as firm, project, supervisor, or coworker names). IF THIS INFORMATION IS INCLUDED, YOUR APPLICATION WILL BE DISQUALIFIED.

Telephone Number (direct dial or mobile number): _____

Position / Title: _____

Job Duties: _____

Experience (Years and Months) _____

Professional Accreditations, Memberships, and Affiliations: _____

Professional Goal(s): _____

Education Debt Balance _____

Attachment:

Attached as a separate sheet of paper, provide a brief Statement of Need for financial assistance *AND* provide recommendations on how South Carolina can stay competitive in the regional, national, and global economy.