



2024 ACEC-SC Student Scholarship Application

Complete *all* sections of this application, and send it to the address below:

ACEC-SC

Attn: Adam B. Jones

826 Assembly Street

Columbia, SC 29201

Telephone: (803) 771-4271 Email: adam@acecsc.org

Applicant's Name: _____

I am applying for the following ACEC-SC scholarship (select only one):

General Scholarship

Note: To qualify for the CASE scholarship, you must be enrolled in a Master's degree program in Structural

In the fall of 2024, I will enter (indicate one):

Junior year Senior year Fifth-year Master's

College/University: _____

Degree/Discipline expected (with date): _____

Include certified grade transcript(s), *including 2024 Fall Semester*, and clearly identify your cumulative grade point average(s) on a *four-point scale*:

My Bachelor's (Undergraduate) GPA is: _____

My Master's GPA is: _____

APPLICATION DEADLINE IS APRIL 15, 2024.



GENERAL INFORMATION

Name: _____

Home Address: _____

College Address: _____

Phone: Home: (____) _____ School: (____) _____
Cell Phone: (____) _____

Email Address: _____

PERSONAL INFORMATION

Age: _____ Date of Birth: _____ Citizenship: _____

Parent/Guardian: Name: _____

Address: _____

CURRENT COLLEGE/UNIVERSITY

Name: _____

Address: _____

Date Admitted: _____

Degree/Discipline expected (with date): _____



EDUCATIONAL BACKGROUND

List most recent additional educational institution first. Use additional sheets and attach if necessary.

College/University & Address: _____

Dates of Attendance: _____ Degree/Discipline Awarded: _____

College/University & Address: _____

Dates of Attendance: _____ Degree/Discipline Awarded: _____

College/University & Address: _____

Dates of Attendance: _____ Date of Graduation: _____

Secondary School (High School) & City: _____

Dates of Attendance: _____ Date of Graduation: _____



WORK EXPERIENCE

Work experience is limited to the last three years prior to the date of your application. List most recent work experience first. Use additional sheets and attach if necessary.

Employer: _____

Address: _____

Dates: _____ Total Time (Months): _____ Hrs/Weeks: _____

Supervisor: _____

Position: _____

Duties: _____

Year in School: _____ Type of Business: _____

Employer: _____

Address: _____

Dates: _____ Total Time (Months): _____ Hrs/Weeks: _____

Supervisor: _____

Position: _____

Duties: _____

Year in School: _____ Type of Business: _____



Employer: _____

Address: _____

Dates: _____ Total Time (Months): _____ Hrs/Weeks: _____

Supervisor: _____

Position: _____

Duties: _____

Year in School: _____ Type of Business: _____

Employer: _____

Address: _____

Dates: _____ Total Time (Months): _____ Hrs/Weeks: _____

Supervisor: _____

Position: _____

Duties: _____

Year in School: _____ Type of Business: _____



COLLEGE ACTIVITIES

Indicate any leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary.

Student Organizations: _____

Community Activities: _____

Organized Athletics and/or Musical Activities: _____



Other: _____

ESSAY

On a separate sheet of paper write a short essay (approximately 500 words) on the following topic:
Describe how consulting engineers make their community a better place to live both technologically and socially.

Your interest, understanding, and commitment to the business and management of the profession are important and should be reflected in the essay.

PERMISSION TO RELEASE OR VALIDATE INFORMATION

By signing this application, I authorize ACEC-SC and its state Member Organizations to confirm and/or release any information included on this application.

Applicant's Signature: _____ Date: _____

I have reviewed this application and I recommend the student for consideration.

Dean or Professor's Signature: _____ Date: _____



2024 ACEC-SC Student Scholarship Recommendation Form

Complete this form and return it to the address below by: **April 15, 2024.**
ACEC-SC

Attn: Adam B. Jones
826 Assembly Street
Columbia, SC 29201
Telephone: (803) 771-4271 Email: adam@acecsc.org

Name of Student: _____

Name of School: _____

Degree/Discipline Expected: _____

Date Expected: _____

Your Name: _____

Title: _____

Organization: _____

You are (indicate one): Engineering professor _____ Consulting engineer _____ Land Surveyor _____

Address: _____

How long, how well, and in what capacity have you known the applicant?: _____



Please rate the student in each of the following categories (rating 1, 2, 3, or 4; with 1 the lowest and 4 the highest). Rate each category as best you can, do not leave any category without a rating point.

	Rating	Use space below to explain your answers
Academic Potential	_____	_____
Academic Performance	_____	_____
Cooperation	_____	_____
Leadership	_____	_____
Initiative	_____	_____
Industrious	_____	_____
Dependability	_____	_____
Courtesy	_____	_____
Maturity	_____	_____
Self-control	_____	_____
TOTAL POINTS	_____	

Why will the student be a good engineer? _____

Signature: _____

Date: _____