

THE PROGRAM

The Twin Cities Roofing Contractors Association/Roofing Industry Fund of Minnesota has established a scholarship program to assist the children of bargaining unit roofing employees of members and contributors of the TCRCA who continue their education in college or vocational school programs. Renewable scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services, a division of Scholarship America. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

ELIGIBILITY

Applicants to the Twin Cities Roofing Contractors Association Scholarship Program must be -

- Dependent* children, age 25 and under, of full-time roofing employees working under the Local 96 Labor Agreement for Twin Cities Roofing Contractors Association (TCRCA) members and contributors. Employees must have a minimum of two years employment with a member or contributor of TCRCA, as of the application deadline date.

**Dependent children are defined as natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee.*

- High school seniors or graduates who plan to enroll or students who are already enrolled in a full-time** undergraduate course of study at either an accredited two- or four-year college or a university, or an accredited vocational-technical school. The course of study must lead to a certificate, associate, or bachelor's degree.

***Full-time study is defined as full-time enrollment for the entire upcoming academic year.*

Children of office employees, management, and owners are ineligible to participate in this program.

AWARDS

Up to five (5) annual awards of \$2,000 each will be granted. Awards may be renewed for up to three additional years or until a bachelor's or associate degree or certificate is obtained, whichever occurs first. Renewal is contingent upon satisfactory academic performance in a full-time course of study, continued employment of the student's parent at a TCRCA member or contributor, and continuation of the program by TCRCA.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the attached application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **January 31**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied;

therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of TCRCA or its member companies play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified by the end of March. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of Twin Cities Roofing Contractors Association/Roofing Industry Fund of Minnesota. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student's account.

OBLIGATIONS

Recipients have no obligation to TCRCA. They are, however, required to supply Scholarship Management Services with complete transcripts when requested and to notify Scholarship Management Services of any changes of address, school enrollment, or other relevant information.

REVISIONS

Twin Cities Roofing Contractors Association/Roofing Industry Fund of Minnesota reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Twin Cities Roofing Contractors Association
Scholarship Management Services
One Scholarship Way, P. O. Box 297
Saint Peter, MN 56082

Telephone: (507) 931-1682

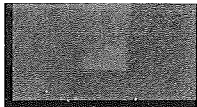
ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.



UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary)
2. **High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____
in a class of _____

Cumulative Grade Point Average	
Weighted: _____	/4.0 scale
Unweighted: _____	/4.0 scale

SAT		
Critical Reading	Writing	Math

ACT				
English	Math	Reading	Science	Composite

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Twin Cities Roofing Contractors Association
Scholarship Program**
Scholarship Management Services
One Scholarship Way, P.O. Box 297
Saint Peter, MN 56082

Postmark deadline January 31

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions of Scholarship Management Services are final. I certify I meet eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including and official transcript of grades, I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____
Employee's Signature _____ Date _____