



# Scholarship & Recognition Programs

Cement & Concrete Workers  
District Council Scholarship Program

Dear Applicant:

As an applicant for the Cement & Concrete Workers District Council Scholarship, it is necessary that you provide information for the Scholarship Review Committee. Please read the instructions below and mail all application materials to the address provided, **postmarked no later than December 1.**

The *Scholarship Questionnaire (SQ)* is designed for you to report information about your academic and personal background, extra-curricular activities, and your plans for the future. Your responses to these items are important for the committee review.

Complete the SQ and sign the authorization/certification section on page four, then give the Scholarship Questionnaire to your guidance counselor or other school official, who will:

- complete the additional information requested on page four
- attach an official transcript of grades, including ACT/SAT score information
- sign the SQ and enclose a school profile, if one is available
- submit the SQ and supporting materials to the address indicated below

***IMPORTANT:*** *Be sure to inform the school official of the deadline and ensure that he/she has sufficient time to complete the information requested and mail the SQ on or before the deadline date.*

Two letters of recommendation are also required:

- The first letter of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The second letter may come from a similar academic source, or from a personal contact (not a friend, classmate, or family member) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).

It is your responsibility to follow up with the necessary parties to ensure that all of the required materials are postmarked no later than December 1. We recommend that copies of all materials be made before mailing.

Mail all materials to:      Cement & Concrete Workers District Council Scholarship Program  
35-30 Francis Lewis Boulevard, Suite 201  
Flushing NY 11358

If you are named as a scholarship recipient, your records will remain on file during the period the scholarship is in force and be retained for one year thereafter. All records are confidential and available for reference by Scholarship & Recognition Programs, and, as appropriate, by the program sponsor.

We look forward to your participation in this program and wish you good luck in the competition.

Best Regards,

Kathleen M. Fitzpatrick  
Associate Program Administrator

Enclosure:      Scholarship Questionnaire



List special courses or programs you have taken during the last three years. List the most recent course or program first (AP, Honors, International Baccalaureate, computer certification, electronics, etc.).

Course or Program	Name of School	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOOL AND COMMUNITY ACTIVITIES**

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)	Awards or Honors
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List jobs (including summer employment) you have held in the *last three years*.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____



**RECOMMENDATION REQUIREMENT**

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The **second letter** may come from a similar academic source, or from a personal contact (*not a friend, classmate, or family member*) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).

**AUTHORIZATION/CERTIFICATION**

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

**NOTE:** *It is your responsibility* to ensure that your school and/or college releases the requested information by **DECEMBER 1**.

Student's Name (Please Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE**

**SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor/school official.**

Complete the information requested below, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.**

Please provide the following information regarding the applicant's academic record.

Student's Class Rank

Student's Class Size

Student's GPA  •   Weighted  
 Unweighted

GPA Scale  •

Standardized Test Scores  
(note: all SAT scores reported below must be from the SAME test administration.)

<b>ACT</b>	Test Date _____	Composite Score <input type="text"/> <input type="text"/>
<b>SAT</b>	Test Date _____	Critical Reading <input type="text"/> <input type="text"/> <input type="text"/>
	Writing <input type="text"/> <input type="text"/> <input type="text"/>	Math <input type="text"/> <input type="text"/> <input type="text"/>

Please rate the level of difficulty of the courses this student has taken and passed:

- Most Difficult       Above Average       Average       Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. **Check only one box per statement.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

\_\_\_\_\_  
Name & Title of School Official

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

High School Code

\_\_\_\_\_  
Telephone Number

*Please make certain to include an official transcript.  
Mail all scholarship materials by **December 1** to:*

**CEMENT & CONCRETE WORKERS  
DISTRICT COUNCIL SCHOLARSHIP PROGRAM  
35-30 FRANCIS LEWIS BLVD, SUITE 201  
FLUSHING NY 11358**

