



**2021
FULL-TIME STUDENT
SCHOLARSHIP APPLICATION**

For Candidates Pursuing a Degree in Civil Engineering,
Environmental Engineering,
or Public Works Management

ADDITIONAL INFORMATION TO BE SUBMITTED WITH APPLICATION

- A. Submit a copy of a transcript of your college level grades.
- B. List the courses you are presently taking, along with a brief description of each.
- C. Attach reference letters from the references listed in the application.
- D. Provide a Career Goals and Needs description as outlined below.

Please answer the following questions accurately and honestly on a separate sheet of paper. Label the paper "Career Goals and Needs Description" and attach to this application.

1. Describe your field of study or your anticipated degree program and detail the type of employment you expect to find in a Public Works organization due to your educational background. Include your minor course of study, if any.
2. Describe challenges you expect to face in a Public Works career and why you have selected a career in Public Works.
3. Is there any other pertinent information about your career or educational aspirations that should be taken into consideration (e.g., would your proposed academic program include any study or research which may be suitable for publication and serve to benefit the profession)?

Scholarship applications must be received by mail (postmarked by April 1, 2021), e-mail, or fax by April 1, 2021.

Submit applications to:

**Kurt Baumann, P.E.
Baxter & Woodman, Inc.
8678 Ridgefield Rd.
Crystal Lake, Illinois 60012**

E-mail : kbaumann@baxterwoodman.com

Fax : (815)455-0450

Phone : (815)444-3313



**2021 FULL-TIME STUDENT
SCHOLARSHIP APPLICATION
GENERAL INFORMATION FORM**

ITEM 1: APPLICANT INFORMATION

Applicant shall check all eligibility criteria which they meet:

- Reside in Lake County, Illinois
- Attend an educational institution within Lake County, Illinois
- Employed by, or an immediate family member to an employee of, a Public Works Agency or Company within Lake County. If other than yourself, please complete the following:

Name of family member	Public Works Agency or Company

- A current member or immediate family member to a current member of the Lake Branch of the Chicago Metro Chapter of the American Public Works Association. If other than yourself, please complete the following:

Name of family member	Public Works Agency or Company

CANDIDATE INFORMATION

NAME

HOME STREET ADDRESS

SCHOOL STREET ADDRESS (if different)

CITY, STATE

CITY, STATE

ZIP CODE

ZIP CODE

HOME PHONE

ALT. PHONE

PERSONAL EMAIL

SCHOOL EMAIL

PREFERRED CONTACT HOME SCHOOL



**2021 FULL-TIME STUDENT
SCHOLARSHIP APPLICATION
GENERAL INFORMATION FORM**

EMPLOYER INFORMATION (IF APPLICABLE)
EMPLOYER
ADDRESS
CITY, STATE, ZIP
PHONE
PART TIME? <input type="checkbox"/> FULL TIME? <input type="checkbox"/>
POSITION/WORK DESCRIPTION
Are you in an employer sponsored tuition program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details.

**2021 FULL-TIME STUDENT
SCHOLARSHIP APPLICATION
GENERAL INFORMATION FORM**

(Continued)

FINANCIAL ASSISTANCE
Identify total scholarship need for upcoming school year including tuition, room and board, books and anticipated living expense; less any grants, awards, employer reimbursements or other scholarships: \$_____.
 Please provide details on any financial programs (grants, awards, scholarships, etc.) from which you did or will receive monies. Please be specific.

SCHOOL INFORMATION
UNIVERSITY NAME
COLLEGE/PROGRAM NAME
DEGREE ANTICIPATED (Major) (Minor)
CURRENT GPA
TENTATIVE GRADUATION DATE
COLLEGE CONTACT (Dean/Counselor/Professor)
Name
Phone

REFERENCE INFORMATION
REFERENCE NAME
REFERENCE EMPLOYER
WORK ADDRESS
CITY, STATE, ZIP
WORK PHONE
APWA CHAPTER & BRANCH AFFILIATION (if any)

**2021 FULL-TIME STUDENT
SCHOLARSHIP APPLICATION
GENERAL INFORMATION FORM**

(Continued)

EXTRACURRICULAR ACTIVITIES

Please provide details of your involvement in extracurricular activities. Attach additional pages, if necessary.

I certify all the information submitted in this application to be true and correct. I further certify that neither I nor any member of my family is an officer, director or a member of the Lake Branch Scholarship Committee of the APWA, Chicago Metro Chapter.

Signed _____ Date _____
(Applicant)