

## ASSOCIATION FOR BRIDGE CONSTRUCTION AND DESIGN WESTERN NEW YORK CHAPTER

#### 2020/21 ASSOCIATE'S DEGREE SCHOLARSHIP PROGRAM RULES AND REGULATIONS

**A. ENTRY DEADLINE** - All material must be <u>postmarked</u> no later than October 9, 2020 or emailed to Emily Smith, PE at <u>esmith@fisherassoc.com</u> by midnight on October 9, 2020.

#### **B. ELIGIBILITY**

#### **ABCD WNY Associate's Degree Scholarship**

One \$2000 scholarship will be awarded. Applicant must be a permanent Western New York State resident attending an accredited school anywhere in New York State OR a permanent New York State resident attending an accredited Western New York State School.

## ► For purposes of this scholarship award, Western New York is defined as west of Interstate 81.

- 1. At the time of the application deadline, applicant must have completed the first year of an Associate's Degree program.
- 2. Applicant must be a US citizen or documented permanent resident of the United States.
- 3. Applicant must be intent on pursuing an Associate's Degree in a field related to bridge construction or design. A dual degree with construction and/or civil engineering as one part is acceptable. Student must be enrolled full-time, as defined by the school. Part-time students are not eligible for this scholarship award.

#### C. APPLICATION PROCESS

1. Applicant is responsible for submitting all pieces of the completed entry to:

Emily M. Smith, PE

Fisher Associates

180 Charlotte Street

Rochester, NY 14607

ATT: ABCD WNY 2020/21 Undergraduate Scholarship Program

Or electronically to <a href="mailto:esmith@fisherassoc.com">esmith@fisherassoc.com</a>. If submitted electronically, the committee has the right to request that originals be mailed if requested.

- 2. Applicant is responsible for ensuring that all items listed below are included with the Entry:
  - ➤ A completed and signed application, including a 300 word essay.

- ➤ An official transcript of college grades, submitted by applicant's school to the above stated ABCD WNY Scholarship Program address.
- A total of two (2) Evaluation Forms, both of which must be from the applicant's college faculty advisor, a college professor or assistant professor.
- A total of one (1) Personal Reference Form, which must be someone who is not a relative of the applicant.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED! REMINDERS REGARDING SUBMISSION OF THIS INFORMATION WILL NOT BE PROVIDED TO APPLICANT PRIOR TO THE COMPETITION DEADLINE.

#### D. AWARD

- 1. Scholarships will be awarded for use in school expenses only. Checks will be sent directly to recipient's school for the Spring 2021 school term. Award winners will be asked to provide their Student Account number for this purpose.
- Applications will be reviewed and award winners will be determined by the Scholarship Committee of the Association for Bridge Construction and Design, Western New York Chapter.
- 3. Factors which will be considered by the selection committee in determination of award winners are as follows, in decreasing importance: Scholastic Performance, Bridge Related Written Essay, Evaluation Forms, Extra Curricular Activities/Employment, and completeness/appearance of application.
- 4. Award winners will be notified in early November 2020.
- 5. Award winners are required to study at the same school for the 2021 Spring Semester. Awards will not be transferred between schools if the recipient transfers.
- 6. Award winners and their immediate family will be invited as guests of ABCD at our Annual Fall Bridge Conference, to be held on November 13, 2020. The Conference will be conducted virtually (*details regarding the conference are forthcoming*). A presentation will be made to each recipient during the conference. Attendance is requested but not required.



### 2020/21 APPLICATION

#### ABCD WNY ASSOCIATE'S DEGREE SCHOLARSHIP

**APPLICANT:** Please complete ALL sections of this application. Type or print using ink. Use "N/A" if a question does not apply. Completeness and appearance WILL BE CONSIDERED during evaluation. Mail completed application to:

Emily M. Smith, PE Fisher Associates 180 Charlotte Street Rochester, NY 14607

ATT: ABCD WNY 2020/21 Undergraduate Scholarship Program

Or electronically to <a href="mailto:esmith@fisherassoc.com">esmith@fisherassoc.com</a>. If submitted electronically, the committee has the right to request that originals be mailed if requested.

All application material must be <u>postmarked</u> no later than October 9, 2020 or emailed prior to midnight on October 9, 2020.

#### I. PERSONAL INFORMATION

A. Name:				
Las		First	MI	
B. Mailing Addresses Home:				
	Number & Street	City	State	Zip
School (if different):				
	Number & Street	City	State	Zip
At which address can ye	ou be contacted in October	r/November? Hou	me School_	
	be the primary method of			
Telephone: Home:	()	Cell: ()_		
D. Are you a U.S. Citi	zen? If no	ot, are you a permane	nt U.S. resident?	

## YOU MUST BE A U.S. CITIZEN OR PERMANENT U.S. RESIDENT TO BE ELIGIBLE FOR SCHOLARSHIP AWARD

#### II. SCHOLASTIC INFORMATION

**Two-Year Colleges** 

**A.** Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending. **List the most recent schools first**. Include month and year of graduation.

1(School Name)	(Address)	
Attended from:	to:	
Major:	Anticipated Graduation Date:	
f currently enrolled, indicate year of	attendance (1 <sup>st</sup> , 2 <sup>nd</sup> , etc.):	
Degree Anticipated or Received:		
2		
(School Name)	(Address)	
Attended from:	to:	
Major:	Graduation Date:	
Degree Received:		
Four-Year Colleges (including five	-year programs) – If previously attended	
Four-Year Colleges (including five  1(School Name)	-year programs) – If previously attended  (Address)	
1(School Name)	<del>-</del>	
1(School Name)  Attended from:	(Address)	
1(School Name)  Attended from:	(Address)to: Graduation Date:	
1(School Name)  Attended from:	(Address) to: Graduation Date: tc.):	
1(School Name)  Attended from:  Major:  Current year of attendance (1st, 2nd, e)  Degree Anticipated:	(Address)to: Graduation Date: tc.):	
1(School Name)  Attended from:  Major:  Current year of attendance (1 <sup>st</sup> , 2 <sup>nd</sup> , e <sup>st</sup> )  Degree Anticipated:	(Address) to: Graduation Date: tc.):	
1(School Name)  Attended from:  Major:  Current year of attendance (1st, 2nd, e)  Degree Anticipated:  2(School Name)	(Address)to: Graduation Date: tc.):	
1(School Name)  Attended from:  Major:  Current year of attendance (1 <sup>st</sup> , 2 <sup>nd</sup> , e <sup>st</sup> )  Degree Anticipated:  2(School Name)  Attended from:	(Address)to: Graduation Date: tc.): (Address)	

#### 2020/21 ABCD WNY ASSOCIATE'S DEGREE SCHOLARSHIP APPLICATION

**High School** 

# (School Name) (Address) Graduation Date: \_\_\_\_\_ (School Name) (Address) Graduation Date: \_\_\_\_\_ Note: Provide a chronological history of your activities on a separate sheet of paper if NOT continuously enrolled in school since high school graduation. History should begin immediately after high school graduation until the present time. Include specific month, year and type of activity. B. Specify current cumulative college Grade Point Average, and submit official transcript for all colleges attended. Current Cumulative GPA: \_\_\_\_\_\_ 3, 4, 5 or 6 point scale: \_\_\_\_\_ C. Indicate extracurricular activities you have participated in. Specify high school or college. Indicate elected offices held, if any. Add additional sheets if necessary. 1. Student activities: \_\_\_\_\_ 2. Societies/Organizations: 3. Community activities: \_\_\_\_\_\_ 4. Athletics: 5. Hobbies: 6. Other: \_\_\_\_\_

#### III. EMPLOYMENT HISTORY

per week. Add additional sheets if necessary.	
1. From:	
Firm's Name and Type of Business:	
Address:	
Supervisor's Name, Title:	
Telephone: ()Your Duties:	
2. From:	
Firm's Name and Type of Business:	
Address:	
Supervisor's Name, Title:	
Telephone: (Your Duties:	
3. From:	
Firm's Name and Type of Business:	
Address:	
Supervisor's Name, Title:	
Telephone: ()Your Duties	
4. From:20 to:20	
Firm's Name and Type of Business:	
Address:	
Supervisor's Name, Title:	
Telephone: ( ) Your Duties:	

List below full-time, part-time, co-op or summer employment. Briefly explain duties and responsibilities, beginning with your most recent job. If part-time work, indicate number of hours

#### IV. ESSAY

On a separate sheet of paper, in 300 words minimum, describe how your college curriculum or overall program relates to the bridge field (construction, design, materials, academics, or other) and what interests you in the field of bridge engineering.

#### 2020/21 ABCD WNY ASSOCIATE'S DEGREE SCHOLARSHIP APPLICATION

#### V. APPLICATION SUBMISSION

Applicant is responsible for ensuring that all items listed below are submitted and postmarked by October 9, 2020:

- a) This completed and signed application, including essay.
- b) An official transcript of college grades, submitted by all colleges attended to the Scholarship Program address shown.
- c) Two completed Evaluation Forms as stated in the Scholarship Program Rules and Regulations.
- d) One completed Personal Reference Form as stated in the Scholarship Program Rules and Regulations.

NOTE TO APPLICANT: You have the sole responsibility to ensure that the application, all forms and transcripts are received by the Association of Bridge Construction and Design, Western New York Chapter, Scholarship Chairman at the address indicated on page 1 of this application.

#### **Affidavit:**

I state that all of the above information is truthful and correct to the best of my knowledge, and agree	that
the enclosed Scholarship Application and all attachments may be used for the purposes of scholarship aw	vard
evaluation and selection by the Association for Bridge Construction and Design, Western New Y	ork
Chapter.	

0, 1, 0,	D 4
Student Signature:	Date

### **EVALUATION FORM**

EVALUATOR # \_\_\_ OF 2 REQUIRED (Applicant to fill in number above)

				(1	Applicar	nt to fill	ın num	ber abov	ve)	
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Please complete the PE at Fisher Associates., 180 Charlotte Struate Scholarship Program or email to esmit marked/timestamped no later than October  y of your contacts:  known the applicant?  racteristic listed, using a scale of 0 to 10, with Poor Below Average A  0 1 2 3 4	Last First  given as a reference by the above student who has applition and Design, Western New York Chapter, in a bridgensidering this application. Please complete this form (the PE at Fisher Associates., 180 Charlotte Street, Rochartship Program or email to esmith@fisher marked/timestamped no later than October 9, 2020.  Program or email to esmith@fisher marked/timestamped no later than October 9, 2020.  Relation y of your contacts:  known the applicant?  racteristic listed, using a scale of 0 to 10, with "0" being Poor Below Average Average  0 1 2 3 4 5	Last First given as a reference by the above student who has applied for a tion and Design, Western New York Chapter, in a bridge related prosidering this application. Please complete this form (type or p PE at Fisher Associates., 180 Charlotte Street, Rochester, I luate Scholarship Program or email to esmith@fisherassoc.co marked/timestamped no later than October 9, 2020.  Phone Nur  Relationship to A y of your contacts:  known the applicant?  racteristic listed, using a scale of 0 to 10, with "0" being "Poor" a  Poor Below Average Average A  0 1 2 3 4 5 6	Last First MI given as a reference by the above student who has applied for a scholarst tion and Design, Western New York Chapter, in a bridge related curricul onsidering this application. Please complete this form (type or print using PE at Fisher Associates., 180 Charlotte Street, Rochester, NY 1460 luate Scholarship Program or email to esmith@fisherassoc.com.  marked/timestamped no later than October 9, 2020.  Phone Number:  Relationship to Applicant y of your contacts:  racteristic listed, using a scale of 0 to 10, with "0" being "Poor" and "10" to poor Below Average Average Above Average Average Above Average Above Average Above Average Above Average Average Above Average Above Average Above Average Above Average Average Above Average Average Above Average Average Above Average Average Average Above Average Average Average Average Above Average	Last First MI  given as a reference by the above student who has applied for a scholarship from tion and Design, Western New York Chapter, in a bridge related curriculum. Your scholarship from tion and Design, Western New York Chapter, in a bridge related curriculum. Your scholarship from this application. Please complete this form (type or print using black in PE at Fisher Associates., 180 Charlotte Street, Rochester, NY 14607, ATT: luate Scholarship Program or email to esmith@fisherassoc.com.  marked/timestamped no later than October 9, 2020.  Phone Number:  Relationship to Applicant:  y of your contacts:  known the applicant?  racteristic listed, using a scale of 0 to 10, with "0" being "Poor" and "10" being "Support of the period	Last First MI  given as a reference by the above student who has applied for a scholarship from the Assotion and Design, Western New York Chapter, in a bridge related curriculum. Your evaluations of this application. Please complete this form (type or print using black ink) and report at Fisher Associates., 180 Charlotte Street, Rochester, NY 14607, ATT: ABCD luate Scholarship Program or email to esmith@fisherassoc.com.  marked/timestamped no later than October 9, 2020.  Phone Number:  Relationship to Applicant:  y of your contacts:  known the applicant?  racteristic listed, using a scale of 0 to 10, with "0" being "Poor" and "10" being "Superior".  Poor Below Average Average Above Average Superior Superi

Evaluator's Signature: \_\_\_\_\_ Date:\_\_\_\_\_

### PERSONAL REFERENCE FORM

Emily M. Smith, P 2020/21 Undergrade Form must be postr	uate Schol narked/tin	arship P nestamp	rogram or ema	il to esmit 1 October	h@fishe 9, 2020.	rassoc.co	om.			
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