2025

SIBA



# Scholarship

# Rules and Application

Sponsored By:



2175 North Cullen Avenue

Evansville, Indiana 47715

P:812-479-6026

Email: akain@sibaonline.org

## Scholarship Application Southwestern Indiana Builders Association

**INTRODUCTION** The SIBA Scholarship was created by the Board of Directors of the Southwestern Indiana Builders Association to assist those obtaining a higher education for the purpose of entering the building industry.

#### Rules:

- 1. The scholarship may be used for educational purposes only such as tuition, room
- & board, books, etc., and is non-transferable.
- 2. Applicant must enroll as a full-time student at an approved college, university, or accredited institution for vocational training.
- 3. The scholarship will be payable directly to the educational institution.
- 4. The scholarship is valid for the current year only.
- 5. Students receiving full scholarships are ineligible to receive the SIBA scholarship.
- 6. Students may re-submit application in following years, but may win award only once.

### **How to Apply:** Applicants must submit the following items to the SIBA office no later than March 31, 2025:

- 1. **SIBA Scholarship Application**. The SIBA Scholarship Application must be completed in full. No additional pages of application will be accepted by SIBA.
- 2. **Two (2) Letters of Recommendation**. The two letters of recommendation must be sent directly from personal references (other than family members) directly to the SIBA office.
- 3. **School Transcript(s)**. Transcripts must be sent directly from school(s) to the SIBA office.

**NOTE:** It is the applicant's responsibility to provide SIBA's mailing address to respective personal references and schools. It is also the applicant's responsibility to ensure all materials are received at the SIBA office no later than March 31, 2025.

All materials should be sent to:

SIBA - SCHOLARSHIP
2175 N. CULLEN AVENUE EVANSVILLE, IN 47715
Email: akain@sibaonline.org

### **DEADLINE: MARCH** 31, 2025

# OFFICIAL SCHOLARSHIP APPLICATION

ADDRESS OF COLLEGE



I.	APPLICANT'S HOME INFORMA (PLEASE PRINT)	TION			
	NAME (first)				
	(first)	(last)		(middle)	
	MAILING ADDRESS				
	CITY	STATE	ZIP		
	PHONE#	SOCIAL SE	CURITY#_		
	PARENTS NAMES				
II.	APPLICANT'S SCHOOL INFORMATION				
	HIGH SCHOOL				
	ADDRESS				
	CITY	STATE	ZIP		
	PHONE				
	PRINCIPAL'S NAME				
	COUNSELOR'S NAME				
III.	ACADEMIC INFORMATION				
	ACCUMULATIVE GRADE POINT	AVG:	OUT OF _		
	CLASS RANK:OUT OF				
	COLLEGE YOU PLAN TO ATTEN	D			

	PHONE # OF COLLEGE				
	CONTACT PERSON FOR FINANCIAL AID AT COLLEGE				
IV.		INTENDED MINORIONS			
	areas you plan to study and/or purs	our career goals and intentions. You should includes sue. Please limit your description to the area with			
<b>V</b> .	HBA INVOLVEMENT				
ovide	e a brief type-written description of	f any relationship between the Builders Association in the sour description to the area in this box.			

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IX. WORK EXPERIENCE first)	E (full or part time, at least 8 weeks d	luration, list most recent
TYPE OF WORK	EMPLOYER & SUPERVISOR	DATES EMPLOYEI
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2.		
3		
4		
<u>.</u>		
HE INFORMATION PROV	VIDED ON THIS APPLICATION I OF MY KNOWLEDGE.	S TRUE TO THE BEST
rent's/Guardian's Signature	e Student's Signature	Date