

Official 2024-2025 Scholarship Application

ACEC Bay Bridge Chapter will award up to \$12,000 in scholarships. Finalists and Awardees will be recognized on Thursday, December 5, 2024 at the Annual Holiday Party.

Applicant's Name:	
Date of Birth:	Citizenship:
Completed applications and supporting documen Email to tnguyen@vsceinc.com.	nts must be submitted by Wednesday, November 13, 2024, 5 p.m.
Application	
Recommendation (may be submitted dire	rectly by recommendor or submitted by applicant)
GPA documentation (unofficial transcrip	pts are acceptable)
All signatures completed	
In the fall of 2025, I will enter (indicate one):	
Junior year Senior year	Fifth-year/plus Master's
Include grade transcript(s), including all courseword grade point average(s) on a four-point scale. Und My Bachelor's (Undergraduate) GPA is:	
· · · · · · · · · · · · · · · · · · ·	
My Master's GPA is:	
GENERAL INFORMATION	
Home Address:	
College Address:	
Phone: Cell Phone: ()	School: ()
Email Address:	
CURRENT COLLEGE/UNIVERSITY	
Name:	
Address:	

ACEC Bay Bridge Chapter https://acec-baybridge.org/scholarships/

		_
Date Admitted:		
EDUCATIONAL BACKGROUND		
List most recent additional e	lucational institution first. Use additional sheets and attach if necessary.	
College/University & Addres	;	_
		_
		_
Dates of Attendance:		
College/University & Addres	:	
conege, oniversity & Address		_
		_
Dates of Attendance:	Date of Graduation:	_
Bates of Attendance:		_
Secondary School (High Scho	ol) & City:	
Dates of Attendance:	Date of Graduation:	_
WORK EXPENSES		
WORK EXPERIENCE Work experience is limited to	the last three years prior to the date of your application. List most recent work experi	ence first.
Use additional sheets and at		
Employer:		
Address:		_
		_
Dates:	Total Time (Months): Hrs/Week:	
Supervisor's Name and Title:		
Your Position:		
Year in School:		
Employer:		

Supervisor's Name and Title: Your Position: Duties: Year in School: Type of Business: Employer: Address: Dates: Total Time (Months): Supervisor's Name and Title: Your Position: Duties: Year in School: Type of Business: Year in School: Type of Business: Year in School: Type of Business: Sutuent Organizations 2022-2023: Community Activities 2023-2024:	Dates:	Total Time (Months): Hrs/Week:				
Duties: Type of Business:	Supervisor's Name and	d Title:		_		
Year in School: Type of Business: Employer: Address: Total Time (Months): Hrs/Week: Supervisor's Name and Title: Your Position: Type of Business: Duties: Year in School: Type of Business: Year in School: the following categories for indicated years. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023:	Your Position:			_		
Employer: Address: Dates: Total Time (Months): Supervisor's Name and Title: Your Position: Duties: Year in School: Type of Business: COLLEGE ACTIVITIES List activities under the following categories for indicated years. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023: Community Activities 2022-2023:	Duties:			_		
Address:	Year in School:	Type of Business:		_		
Dates: Total Time (Months): Hrs/Week: Supervisor's Name and Title: Your Position: Duties: Year in School: Type of Business: COLLEGE ACTIVITIES List activities under the following categories for indicated years. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023:	Employer:			_		
Dates: Total Time (Months): Hrs/Week: Supervisor's Name and Title: Your Position: Duties: Year in School: Type of Business: SOLLEGE ACTIVITIES List activities under the following categories for indicated years. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023:	Address:			_		
Your Position:			Hrs/Week:	_		
Your Position:	Supervisor's Name and	d Title:		_		
Duties:				_		
List activities under the following categories for indicated years. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023: Community Activities 2022-2023:						
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organizations. Use additional sheets and attach if necessary. Student Organizations 2022-2023:	COLLEGE ACTIVITIES					
2022-2023:			y leadership positions held in the listed activ	ities or		
2023-2024:	Student Organizations					
Community Activities 2022-2023:	2022-2023:					
2022-2023:	2023-2024:			_		
	Community Activities			_		
2023-2024:	2022-2023:					
	2023-2024:					

<u>Other</u> 2022-2023: 2023-2024: Permission To Release or Validate Information By signing this application, I authorize ACEC Bay Bridge Chapter to confirm and/or release any information included on this application. Applicant's Signature: Date:_____ I have reviewed this application and I recommend the student for consideration. Dean or Professor's Signature: Date:_____

Organized Athletics and/or Musical Activities

ACEC Bay Bridge Chapter https://acec-baybridge.org/scholarships/

Dean or Professor Contact Name:

Dean or Professor email:



Scholarship Recommendation Form

Complete this form and return to Trinity Nguyen via email: tnguyen@vsceinc.com PLEASE SUBMIT BY WEDNESDAY, NOVEMBER 13, 2024.

nme of Student:				
Name of School:				
Degree/Discipline Exp	ected:			
Date Expected:				
Recommendor Name	:			
Recommendor Title:				
Recommendor Organ	ization:			
You are (indicate one): Engineering prof	essor	Consulting engineer	Land Surveyor
Address:				
	nt in each of the follov t you can, do not leav		•	ne lowest and 5 the highest). Rat
	Rating	Use space b	elow to explain your answer	S
Cooperation				
Leadership				
Initiative				
Industrious				

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Dependability		-		
Courtesy				
Attitude				
Communication				
TOTAL POINTS				
Why will the student be a g	good engineer? <u>Use se</u>	eparate sheet if necessary		
Signature:			Date:	



One-Year Scholarship Activation Form

Payment to your college or university will not be made without this form. Please print clearly

Full Name
Home Address
City, State, Zip
Home Phone Cell Phone
Email address
Student Identification number – use of this is solely to be used when payment checks are submitted
College You Will be Attending in Fall
College Address Where Payment Should be Sent (for example, Virginia Tech – Bursars Office)
City, State, Zip