



2017 TVBA SCHOLARSHIP APPLICATION

Applicant:

Please complete **ALL** sections of this application. Please **type** or **print** using black ink. Use N/A if question does not apply. All applicants must reside in Clarke, Frederick, Warren, Shenandoah counties, or the City of Winchester at the time of application.

Submit completed application to: Top of Virginia Building Association
1830 Millwood Pike
Winchester, VA 22602

Or email to info@tvba.org or fax to 540.665.3860

******Submission Deadline May 01, 2017******

Name: _____
Last First Middle

Address: Home: _____

Phone Number: _____ E-mail Address: _____

Are you a U.S. citizen? ____ Yes ____ No If no, what type visa do you hold? _____ (attach copy)

Provide name, city, and state of all high schools attended, most recent first.

Institution	Mo & Yr from/to completion	GPA
1. _____	_____	_____
2. _____	_____	_____

In what program do you plan to earn your Degree/Certificate? _____

Have you been accepted into the above-named program? _____ Yes _____ Not Yet

In what extracurricular activities do you participate? Include any leadership positions held.

1. School activities _____
2. Community _____
3. Athletics _____
4. Awards/Honors _____
4. Other _____

What has been your most important extracurricular activity, your most important contribution to that activity, and how has your participation affected you as an individual?

List below employment including full/part-time and/or summer work. Briefly explain duties and responsibilities. Most recent first. Attach additional employment information if space needed.

1. Company _____ Date worked _____
Address _____
Supervisor's name & position _____
Phone# _____ Duties _____

2. Company _____ Date worked _____
Address _____
Supervisor's name & position _____
Phone# _____ Duties _____

Answer the following questions using only the space provided:

1. What are your career goals? _____

2. Are you interest in an internship, if so what are you interested in doing? _____

Please enclose a brief *typed* cover letter stating why you feel you are the best candidate and how you would benefit from our scholarship program.

Your Signature _____ Date _____

Name of Counselor _____ Phone # _____ E-mail Address _____

Parent's Contact Information:

Name, address, phone, and
email _____

For office use/statistical purposes only. This information will not be shared with selection committee.

TVBA Member Firm (if applicable) _____

For Office Use Only

Date Received	_____
Date sent to Selection Cmte	_____
GPA	_____
Application Complete	_____
Cover Letter Attached	_____