



CHICAGO ROOFING CONTRACTORS ASSOCIATION  
4415 W. Harrison St. Suite 540  
Hillside, Illinois 60162

## 2018 CRCA Scholarship Awards Program

The Chicago Roofing Contractors Association (CRCA) will grant two \$4,000 renewable scholarships, to students residing In Cook or other area counties. The scholarship will be awarded to students attending a four-year accredited college or university.

### OBJECTIVE

To assist college/university bound students to obtain a quality education.

### ELIGIBILITY - All Candidates must be:

1. High school seniors
2. Provisionally accepted as full-time students into undergraduate degree programs by four year accredited colleges for the following fields of study - liberal arts and sciences, engineering, architecture, or business.
3. United States citizens residing in Cook or other area counties.
4. ACT composite of **29 or greater or SAT equivalent**

### ENTRY REQUIREMENTS - The following is required from each candidate:

1. A completed 3-page Application Form.
2. Two completed Personal Evaluation Sheets with a 1-page Letter of Recommendation. One from a high school faculty member/guidance counselor; the second is to be from a non-related adult outside the high school faculty. No other recommendations should be attached.
3. An official transcript of all high school records.
4. Official ACT Results (either directly from ACT or included on high school transcript or a photocopy of the ACT score accompanied by a letter of authenticity from high school guidance counselor.)

### AWARDS

1. \$4,000 to be awarded yearly. This scholarship is renewable based upon student maintaining a 2.75 grade point average, based upon a 4.0 system. The scholarship will only be renewed three times.
2. Although the intent of the CRCA Scholarship Award is to recognize the outstanding nominee, should two or more candidates rank equally in the judgment of the CRCA Selection Committee, the level of need should then be considered the final criteria.
3. The scholarship will be sent to the bursar of the college or university for disbursement where the scholarship winner will do his or her undergraduate work.

### JUDGING

1. CRCA has the sole authority for granting the scholarship awards. The scholarship recipients are selected on the basis of academic performance, faculty recommendation, extracurricular activities, employment experience, and a demonstrated interest in a productive career. The Association reserves the right to delegate the choice of award recipients to the CRCA Selection Committee.
2. Applications will be available at [www.crca.org](http://www.crca.org) / Scholarship in December each year. Finalists will be notified in April.
3. For continuation of scholarship, recipients will be required to provide grade transcripts following the spring term each year, covering the academic year.
4. All selections are considered final. All applications and attachments become the property of the CRCA. All Scholarship awards will be formally announced at an official CRCA function in May.

**SUBMIT APPLICATION TO via Mail:** CRCA Scholarship Committee, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 2, 2018**, Fax (708-449-0837) or **Email** ([CRCAScholarship@gmail.com](mailto:CRCAScholarship@gmail.com), please include student name in subject line). Fax and Email receipt **by March 2, 2018**. All sections must be completed for consideration. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript, and ACT score) but not required. It is the applicant's ultimate responsibility that all information is received by CRCA...not ACT, the guidance counselor, other high school staff or others!



**APPLICANT:** Please complete ALL sections of this application. Type or print using black or blue ink. Use N/A if question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation.

**I. APPLICANT**

A. Name:

\_\_\_\_\_

Last

First

Middle

B. Address:

Number/Street

City

Zip

C. High School Currently Attending: \_\_\_\_\_ County: \_\_\_\_\_

D. High School Address/City/St/Zip: \_\_\_\_\_

E. Date of Graduation: \_\_\_\_\_/2016

F. Applicant's E-Mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) (\_\_\_\_\_)

G. Parents Email: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) (\_\_\_\_\_)

H. Applicant's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Parent or Legal Guardian's Name: \_\_\_\_\_

**II. FINANCIAL INFORMATION (MUST BE COMPLETED)**

A. 1. Father's Occupation: \_\_\_\_\_ 2. Current Employer: \_\_\_\_\_

3. Salary Range: 0-50,000 \_\_\_\_\_ 51,000-100,000 \_\_\_\_\_ 101,000 and up \_\_\_\_\_

B. 1. Mother's Occupation: \_\_\_\_\_ 2. Current Employer: \_\_\_\_\_

3. Salary Range: 0-50,000 \_\_\_\_\_ 51,000-100,000 \_\_\_\_\_ 101,000 and up \_\_\_\_\_

C. 1. Brothers and sisters in your family: Older than you \_\_\_\_\_ 2. Younger than you \_\_\_\_\_

D. Including yourself, how many members of your immediate family will be in college next year: \_\_\_\_\_

E. Complete the following estimate of college costs and revenues

F. Costs (estimated costs based on **assumption** that the student is accepted at their top choice of college/university.)

Tuition: \$ \_\_\_\_\_

Room & Board, Books, Expenses, Etc. \$ \_\_\_\_\_

G. Revenue	<u>1<sup>st</sup> yr.</u>	<u>2<sup>nd</sup> yr.</u>	<u>3<sup>rd</sup> yr.</u>	<u>4<sup>th</sup> yr.</u>
Parent Contribution	_____	_____	_____	_____
Applicant's Earnings	_____	_____	_____	_____
Loans	_____	_____	_____	_____
Scholarships Rec'd	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____

H. In what program do you expect to get your degree? \_\_\_\_\_

I. <u>University</u>	<u>Applied</u>	<u>Accepted</u>	<u>Pending</u>
_____	_____	_____	_____
_____	_____	_____	_____



### III. ACADEMIC INFORMATION

A. Send an official transcript and provide GPA based on courses completed to date for the high school you are presently attending. Transfer Student - Provide a complete transcript from the previously attended schools in addition to grades from present school.

1. Weighted GPA \_\_\_\_\_ on \_\_\_\_\_ scale, as of \_\_\_\_\_ Month/Year
2. Unweighted GPA \_\_\_\_\_ on \_\_\_\_\_ scale, as of \_\_\_\_\_ Month/Year
3. Official ACT results (either directly from ACT or included on high school transcript or a photocopy of official ACT score, accompanied by a letter of authenticity from high school guidance counselor.)

**ACT \_\_\_\_\_ or SAT \_\_\_\_\_**

### IV. EXTRA-CURRICULAR INFORMATION

In what extracurricular activities have you participated while attending high school? Indicate purpose of organization, any elected offices held, Year of school participating, etc. Limit activities to space provided.

- A. Student activities \_\_\_\_\_  
\_\_\_\_\_
- B. Community activities (Scouts, etc.) \_\_\_\_\_  
\_\_\_\_\_
- C. Athletics (school & other) \_\_\_\_\_  
\_\_\_\_\_
- D. Awards \_\_\_\_\_  
\_\_\_\_\_

### V. EMPLOYMENT INFORMATION (In order of Oldest to Most Recent)

Name/City	Type of Business	Date From / To	Average Hrs. worked per week



**VI. PERSONAL**

**A. Summarize Long Term Career Goals:**

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**B. What Is One Adjective That Best Describes You and Why?**

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**C. What Do You Perceive as your Strongest Attribute and Why?**

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**I agree that the application and all attachments may be used for the purpose of evaluation and selection by the CRCA Scholarship Committee. I also state that all information enclosed is true and correct to the best of my knowledge. False information is cause for disqualification.**

**Signed:**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMIT APPLICATION TO CRCA via**

**-Mail:** CRCA Scholarship Committee, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 2, 2018,**

**-Fax (708-449-0837)**

**-Email ([CRCAScholarship@gmail.com](mailto:CRCAScholarship@gmail.com), please include student name in subject line).**

Fax and Email receipt **by March 2, 2018.** All sections must be completed in order for application to be considered. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript and ACT score) but not required. It is the applicant's ultimate responsibility that all information is received by CRCA...not ACT, the guidance counselor, other high school staff or others!

**TO BE COMPLETED BY:  
H.S. FACULTY MEMBER**



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL EVALUATION SHEET**

Name of Student \_\_\_\_\_  
Last First Middle

The above student has applied for a scholarship from the Chicago Roofing Contractors Association and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA office at 708-449-3340.

Please complete this form (type or print using black ink). The completed form may be returned to CRCA via: **Mail:** CRCA Scholarship Committee, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 2, 2018**, **Fax** (708-449-0837) or **Email** ([CRCAScholarship@gmail.com](mailto:CRCAScholarship@gmail.com), please include student name in subject line). Fax and Email receipt **by March 2, 2018**. All sections must be completed in order for application to be considered. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator \_\_\_\_\_ Signature \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Describe the nature of your contact with the applicant

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**LETTER OF RECOMMENDATION GUIDELINES**

Please submit a one (1) page letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

- Cooperation
- Industriousness
- Initiative
- Leadership

Be sure to include any other thoughts or examples of why you believe this student should be awarded the CRCA Scholarship.

**TO BE COMPLETED BY:  
ADULT, NON-RELATED EVALUATOR  
OTHER THAN SCHOOL FACULTY**



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL EVALUATION SHEET

Name of Student \_\_\_\_\_  
Last First Middle

The above student has applied for a scholarship from the Chicago Roofing Contractors Association and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA office at 708-449-3340.

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Name of Evaluator \_\_\_\_\_ Signature \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Describe the nature of your contact with the applicant

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### LETTER OF RECOMMENDATION GUIDELINES

Please submit a one (1) page letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

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