Scholarship Fund Application



Applicants must meet all of the following requirements:

- 1) Must be a resident of Alabama
- 2) Must be enrolling in, or attending, an accredited post-secondary school in Alabama
- 3) Must be enrolled in a construction-related curriculum
- 4) Application must be postmarked by March 15. Submission instructions are on page 4.

Instructions:

- 1. **Answer all questions.** Note "N/A" if not applicable.
- 2. Do not staple or bind any application materials.
- 3. Print legibly in pen or type.

Name:			
Permanent Address:			
City:	State:	Zip:	
Date of Birth: Last 4	4 Digits of Socia	al Security Nu	mber:
Home phone number:	Cell phone number:		
Email:	(This is our primary way of contacting you.)		
Academic Information: Name and address of high school attended: Graduation date:			
College planning to attend:		Ca	mpus site:
(Note: You must attend a college in Alabama to be	e considered for the	e scholarship.)	
Are you currently enrolled in this college?	☐ Yes	☐ No	
If so, what will be your status in the fall?			
Four-year college: Freshman	Sophomo	re	☐ Senior
Two-year/trade school: Freshm	nan Senior		

Planned Field	of Study (you	r major):		
(Note: Planned	field of study mu	st be construction-r	related—example: plumbing	$, electrical\ technology, carpentry, etc.)$
Career Object	tive (what you	want to do for a	career):	
	e ndent 🗌 or	independent to spouse infor		
			mation.	
		Deceased		
Address:				-
City:		State:	Zip:	
Occupation:_				_
		Deceased		_
Address:				_
City:		State:	Zip:	
Occupation			· · · · · · · · · · · · · · · · · · ·	_
		sisters:		
•	•	s or sisters:y attend college?		
-	_	_		
If independe	nt, complete sp	pouse informatio	n:	
_			☐ Not Applicable	
Occupation:				-
Number of De	ependents:		Age(s) of Dependent(s)	- :
Asset Inform How do you p Loans	olan to finance	your education?	(Check all that apply)	
Schola	arships 🔲 Y	es No		
Famil	y Contribution	s (including supp	port from parents, step-p	arents, spouse, and other
contri	butions)	Yes N	0	
If dependent	, circle your fa	mily's approxim	ate total annual income	range:
\$0-\$29	9,999	\$30,00	0-\$49,999	\$50,000-\$64,999
\$65,00	00-\$79,999	More th	han \$80,000	
Please note	other financial	information to b	e considered:	

☐ Job Earnings	
Are you currently employed? Yes No	
Place of employment:	Salary: \$
Will you be employed while you are in school? Yes	☐ No
Savings	
Other (please list)	
Please describe your career goals as they relate to the housing indunecessary.)	istry . (Use additional paper if
Please list any school, community, or church activities in which you ha	ave participated.
Is anyone in your family a member of a Home Builders Association?	Yes No
If yes, family member's name:	
Relationship to you:	
Which Home Builders Association are they a member of?	

Applicant must provide the following:
 ☐ College or High School Transcripts (whichever is most recent; can be a print out) ☐ Minimum of one letter of recommendation from instructor, supervisor or HBAA member (must be signed and preferred on letterhead) ☐ Proof of Alabama Residency (example: copy of driver's license, copy of utility bill, etc.)
CERTIFICATION AND AUTHORIZATION
I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I also give my consent for the transmittal or communication to the scholarship committee by any academic institution that I have attended of grade, class standing or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship.
Signature of Applicant
Date

Mail completed application with requested documents no later than March 15 to:

By mail: Alabama Home Builders Foundation P.O. Box 241305 Montgomery, AL 36124

By email: louisebrown@hbaa.org

By fax: 334-834-5380

Questions? Call Louise Brown at 1-800-745-4222 or visit https://ahbfoundation.org