

Building the Future

HBAT DEADLINE MARCH 31, 2024

Return completed application membership@hbat.org

c/o HBAT

P O Box 198557 Nashville, TN 37219

Scholarship Application

INSTRUCTIONS FOR APPLICATION

APPLICANT DATA

- 1. Only completed and signed applications will be considered. DO NOT LEAVE ANY ITEMS BLANK
- 2. Scholarship Applicant must show proof of Admissions Application; or be enrolled in or attending a college, university, junior college or technical/vocational school current transcript required.
- 3. A minimum 2.5 GPA or equivalent is required attach current copy of high school and/or college transcript.
- 4. The Essay portion must be completed. (One-half page minimum; no longer than one page.)
- 5. Must be enrolled in a construction related curriculum.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Addross:				
Address:				
City.	State	ZIP		·
Date of Birth:// (SSN is required for the check		ial Security Nu	mber:	
Home Phone: ,)	Cell Phone: ()		
E-mail Address:				
Parent/Guardian: Cell Phone:				
EDUCATIONAL DATA				
A. High School: School N		City		Year of Graduation
B. College Status: [] Freshman	[] Sophomore [] Junior []	Senior [] Pos	t-Graduat	e
Higher Education:				
Sch	nool Name C	ty	State	Anticipated Graduation

construction industry. **BRIEF AUTOBIOGRAPHY:** Please attach a short autobiography, no longer than one page in length. (Include work experience.) Is anyone in your family a member of the Home Builders Association? Yes No If yes, what is your family members 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) Proof of Tennessee Residency (example: copy of driver's license, copy of utility bill, etc.) One letter of recommendation from instructor, HBA member or local HBA president (must be signed and preferred on letterhead) APPLICANT SIGNATURE & CERTIFICATION OF CONTENT 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 this scholarship. **Applicant Signature** Date LOCAL HBA MUST COMPLETE THIS SECTION: Amount Approved \$ HBAT Matching Fund Request \$ Make check payable to: [] School or Institution [] Student Local HBA President Signature Date Local HBA Executive Officer Signature Date

SHORT ESSAY: Please attach a short essay, no longer than one page in length, describe your career goals as they relate to the