



**INTERNATIONAL CONCRETE REPAIR INSTITUTE
DELAWARE VALLEY CHAPTER
SCHOLARSHIP PROGRAM APPLICATION**

I. GENERAL INFORMATION

Applicant's Name: _____
(Last) (First) (M.I.)

Current Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Phone: ____ (____) _____

Permanent Address: _____
(Street/PO Box) (City) (State) (Zip Code)

Phone: ____ (____) _____

Social Security Number: _____

Are you a currently a member of ICRI/ Delaware Valley? (Circle One) Yes No

If Yes, How Long have you been a member of ICRI? _____



II. EDUCATIONAL INFORMATION

Name of High School Attended: _____

Date of Graduation: _____

List all Colleges/Universities attended:

College/University	Date of Attendance	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full-Time or Part-Time? _____

Major Field of Study _____

Number of Credits You Have Completed _____

Expected Date of Graduation _____

III. SUPPLEMENTAL INFORMATION

- A. Attach an essay (no more than 1,000 words) which outlines the following:
1. Your career interests and goals
 2. Community, civic or professional organization affiliations
 3. Extracurricular activities and interests
 4. Major personal accomplishments in education
 5. How an ICRI Delaware Valley Chapter scholarship would benefit you. This may include any special financial needs.
- B. Attach a CERTIFIED copy of your most recent transcript. (All documents become the sole property of the Scholarship Committee and will not be returned)
- C. Attach two letters of recommendation. In order to be considered for this scholarship award, a minimum of two letters of recommendation are required. At least one of these letters should be from a faculty member at the institution where the applicant is currently enrolled.



IV. APPLICANT CERTIFICATION

The information contained in this application is accurate to the best of my knowledge. I fully understand that scholarships are awarded at the discretion of the ICRI Delaware Valley Chapter Scholarship Committee, and I give the Committee permission to contact my school and references for verification of this information. I understand that I may be required to return this award if I do not complete my course of study.

I further acknowledge that I have read the ICRI Delaware Valley Chapter Scholarship Program Guidelines and agree to the terms and conditions therein.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF PARENT: _____ **DATE:** _____
(if Applicant is under 18)

*Applications must be submitted to the:
Scholarship Committee
ICRI Delaware Valley Chapter
Steve Lane
Quinn Construction, Inc.
1017 4th Avenue, Suite 100
Essington, PA 19029
OR
slane@quinnconstruction.com*