2021-2022 Academic Year Scholarship Program

Under the auspices of ACEC’s College of Fellows, the ACEC Research Institute will award six (6) General Scholarships, as well as one Coalition of American Structural Engineers (CASE) Scholarship.

All scholarship applicants must submit applications through their respective state Member Organizations. Click here for Member Organization contact information.

Deadline for Member Organization for application deadline: Friday, February 12, 2021.

National ACEC Deadline application deadline: Friday, March 5, 2021. The ACEC of Idaho Scholarship winner will be eligible to compete for the National ACEC Scholarship. PLEASE NOTE, the ACEC National Scholarship application will require an additional essay, official transcripts, and recommendations.

Guidelines & Eligibility for ACEC of Idaho Scholarship

General Scholarships

Students must be entering their junior, senior, fifth, or master’s degree year, in the fall of 2021 to qualify for the general scholarships. In addition, a student must be a U.S. citizen pursuing a Bachelor’s or Master’s degree in engineering or in an accredited land-surveying program to qualify. ABET accreditation of engineering programs for scholarship applicants must conform to the following for the degree the student is pursuing:

- **Bachelor’s Degree**
  
  Student must be in an ABET-accredited engineering program.

- **Master’s Degree**
  
  Student must either be in an ABET-accredited Master of Science (MS) engineering program or have a Bachelor of Science (BS) degree from an ABET-accredited engineering program.

An ABET-accredited engineering program is one that conforms to the ABET Engineering Accreditation Commission (EAC) standards. To view a list of ABET, Inc.’s EAC accredited engineering programs, visit ABET’s website at www.abet.org.

A student can receive only one ACEC scholarship during the student’s academic career.

Payments will be made to the academic institution beginning July 1 for the 2021-2022 academic year. Applications should be as complete as possible. Each portion of the application has a specific point value. Judges will score each section separately. Incomplete applications will not be considered. For further information on scoring guidelines, please click here.

**Note:** ACEC of Idaho provides two scholarships: one (1) - $1000 and one (1) - $500.

**Scoring for ACEC of Idaho**

- **Cumulative Grade Point Average:** 20 points (a copy of your unofficial transcript must be submitted with the application)

- **Work Experience:** 30 points
  
  Work experience will be limited to the last three years prior to the date of the application. List your most recent work
experience first and include any jobs held during high school if within the three-year period. Indicate the year in school during which you held a particular position. Indicate if your work experience was in the form of work-study, co-op, or practicum. Clearly identify the nature of the business of the listed employers; in particular, note consulting engineering or land surveying firms. Be complete and accurate. List additional experience on a separate sheet and attach if necessary. The more experience you list, the higher your potential score.

- **Extracurricular College Activities: 20 points**
  List all college activities under the indicated categories and years. Include offices held and other leadership roles in any organizations. Be as complete as possible. If there are no activities, write “none”. The more activities you list, the higher your potential score.

- **First Time Applicants: 5 points**

**Application Checklist for ACEC of Idaho**

- Completed official 2021 ACEC Application Form – Use current application form
- ABET Accredited Engineering Program under Engineering Accreditation Commission (EAC)
- Properly Signed by Applicant
- Copy of Transcript – Including 2020 Fall Semester Grades

**Questions**

For questions, or further information, please contact Liz Conner, ACEC of Idaho at conner@3C-Solution.com, or 208.321.1502.

Complete this form and return to the **ACEC Member Organization** address below by: February 12, 2019

Name of Member Organization ACEC of Idaho

Address 999 West Main Street, Suite 100-300

City, State & Zip Code Boise, Idaho 83702

Telephone 208-321-1502 Email conner@3C-Solution.com

www.acecofidaho.org
Official 2021-2022 Scholarship Application

Applicant’s Name: ________________________________________________

In the fall of 2021, I will enter (indicate one):

☐ Junior year       ☐ Senior year       ☐ Fifth-year       ☐ Master’s

College/University: ________________________________________________

Degree/Discipline expected (with date): ________________________________

Include copy of your unofficial grade transcript(s), including 2020 Fall Semester, and clearly identify your cumulative grade point average(s) on a four-point scale:

My Bachelor’s (Undergraduate) GPA is: ____________

My Master’s GPA is: ____________

GENERAL INFORMATION

Home Address: ______________________________________________________

______________________________________________________________

College Address: ________________________________________________

______________________________________________________________

Phone:      Cell Phone: ( ) ___________________________ School: ( ) ___________________________

Email Address: __________________________________________________

PERSONAL INFORMATION

Age: ____________        Date of Birth: ____________________________        Citizenship: ____________________________

CURRENT COLLEGE/UNIVERSITY

Name: ____________________________________________________________

Address: _________________________________________________________

______________________________________________________________

Date Admitted: ____________________________

EDUCATIONAL BACKGROUND

List most recent additional educational institution first. Use additional sheets and attach if necessary.

College/University & Address: ___________________________________________

______________________________________________________________

______________________________________________________________

Dates of Attendance: ____________________________
College/University & Address: __________________________________________________________

_______________________________________________________________________________

Dates of Attendance: ________________ Date of Graduation: ____________________________

Secondary School (High School) & City: _____________________________________________

Dates of Attendance: ________________ Date of Graduation: ____________________________

**WORK EXPERIENCE**

Work experience is limited to the last three years prior to the date of your application. List most recent work experience first. Use additional sheets and attach if necessary.

**Employer:** ________________________________________________________________

**Address:** ________________________________________________________________

_______________________________________________________________________________

Dates: ________________ Total Time (Months): ________________ Hrs/Week: ______________

Supervisor’s Name and Title: ___________________________________________________

**Your Position:** ___________________________________________________________

Duties: _______________________________________________________________________

Year in School: ________________ Type of Business: ______________________________

**Employer:** ________________________________________________________________

**Address:** ________________________________________________________________

_______________________________________________________________________________

Dates: ________________ Total Time (Months): ________________ Hrs/Week: ______________

Supervisor’s Name and Title: ___________________________________________________

**Your Position:** ___________________________________________________________

Duties: _______________________________________________________________________

Year in School: ________________ Type of Business: ______________________________

**Employer:** ________________________________________________________________
Address: ____________________________________________________________ 
___________________________________________________________

Dates: _______________   Total Time (Months): ________________________   Hrs/Week: __________

Supervisor’s Name and Title: _________________________________________________________________

Your Position: ____________________________________________________________

Duties: ______________________________________________________________________________

Year in School: _________________   Type of Business: __________________________

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COLLEGE ACTIVITIES

List activities under the following categories for indicated years. Include summer activities as part of the subsequent school year. Identify leadership positions held in the listed activities or organizations. Use additional sheets and attach if necessary.

Student Organizations

Year 2018-19:  ________________________________

____________________________________________________________________________________

Year 2019-20:  ________________________________________________________________________

____________________________________________________________________________________

Year 2020-21:  ________________________________________________________________________

____________________________________________________________________________________

Community Activities

Year 2018-19:  ________________________________

____________________________________________________________________________________

Year 2019-20:  ________________________________________________________________________

____________________________________________________________________________________

Year 2020-21:  ________________________________________________________________________

____________________________________________________________________________________

Organized Athletics and/or Musical Activities

Year 2018-19:  ________________________________

____________________________________________________________________________________

Year 2019-20:  ________________________________________________________________________

____________________________________________________________________________________

Year 2020-21:  ________________________________________________________________________

____________________________________________________________________________________
Complete this form and return to the **ACEC Member Organization** address below by: **February 12, 2019**

Name of Member Organization **ACEC of Idaho**

Address **999 West Main Street, Suite 100-300**

City, State & Zip Code **Boise, Idaho 83702**

Telephone **208-321-1502** Email **conner@3C-Solution.com**

[ACEC logo]

**www.acecofidaho.org**