



Official 2024 Scholarship Application

(Upload a zip file of all forms to this link: https://www.dropbox.com/request/ZEZ71a1bhBGtZi5uYAhk (Or return completed application to ACEC/MD, by January 5, 2024, via email: acecmd@acecmd.org)

Applicant's Name: _____

Date of Birth: _____

Citizenship: _____

I am applying for the following scholarship(s):

(In addition to general scholarships, please check any other ACEC speciality scholarships in which you may qualify)

- General Scholarships
Coalition of American Structural Engineers (CASE) Scholarship
J.A. Watts, Inc. Diversity in Engineering Scholarship
Lee Rice LRE Water Scholarship

In the fall of 2024, I will enter (indicate one):

- Junior year Senior year Fifth-year Master's

College/University: _____

Degree/Discipline expected (with date): _____

Include certified grade transcript(s), including 2023 Spring 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: _____

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: _____

COLLEGE/COMMUNITY INVOLVEMENT

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 2021-22: _____

Year 2023-24: _____

Community/Volunteer Involvement

Year 2021-22: _____

Year 2023-24: _____

Organized Athletics and/or Musical Activities

Year 2021-22: _____

Year 2023-24: _____

Other

Year 2021-22: _____

Year 2023-24: _____

ESSAY

On a separate sheet of paper write a short essay (limit your response to 500 words) on the following topic:

The American Council of Engineering Companies (ACEC) represents thousands of companies comprised of more than 600,000 engineers, architects, land surveyors and other specialists. Our member firms contribute engineering solutions to present and future challenges happening around the world. ACEC Research Institute is the leading source of knowledge and thought leadership for creating a more sustainable, safe, secure and technically advanced built environment. We aim to inspire future generations to solve the world's most challenging problems through engineering.

Describe how consulting engineering firms provide value to their clients and long-term benefits to their community. Your personal interest in and understanding of the engineer's role in all aspects of the built environment are important and should be reflected in your essay.

Permission To Release or Validate Information

By signing this application, I authorize ACEC Research Institute and ACEC state Member Organizations to confirm and/or release any information included on this application.

Applicant's Signature: _____ Date: _____

I have reviewed this application and I recommend the student for consideration.

Dean or Professor's Signature: _____ Date: _____

Dean or Professor Contact Name: _____

Dean or Professor email: _____



Scholarship Recommendation Form

Complete this form and return to the **ACEC Member Organization** address below by: **January 5, 2024**

Name of Member Organization: **American Council of Engineering Companies/Maryland (ACEC/MD)**

Address, City, State & Zip Code: 2408 Peppermill Dr., Ste F, Glen Burnie, MD 21061 Telephone: 410.539.1592

Please return via email

Email: **acecmd@acecmd.org**

Name of Student: _____

Name of School: _____

Degree/Discipline Expected: _____

Date Expected: _____

Recommendor Name: _____

Recommendor Title: _____

Recommendor Organization: _____

You are (indicate one): Engineering professor _____ Consulting engineer _____ Land Surveyor _____

Address: _____

How long, how well, and in what capacity have you known the applicant?: _____

(continued)

2408 Peppermill Dr., Ste F, Glen Burnie, MD 21061; Phone 410.539.1592; acecmd@acecmd.org

ACEC Research Institute, 1015 15th Street, N.W. 8th Floor, Washington, D.C. 20005-2605; phone 202.347.7474; ACECResearchInstitute.org

Name of Student: _____

Recommendor Name: _____

Please rate the student in each of the following categories (rating 1, 2, 3, 4, or 5; with 1 the lowest and 5 the highest).

Rate each category as best you can, do not leave any category without a rating point.

	Rating	Use space below to explain your answers
Cooperation	_____	_____
Leadership	_____	_____
Initiative	_____	_____
Industrious	_____	_____
Dependability	_____	_____
Courtesy	_____	_____
Attitude	_____	_____
Communication	_____	_____
TOTAL POINTS	_____	

Why will the student be a good engineer? _____

Recommender Signature: _____ Date: _____



One-Year Scholarship Activation Form

Payment to your college or university will not be made without this form. Please print clearly

Full Name

Home Address

City, State, Zip

Home Phone | Cell Phone

Email address

Student Identification number – *use of this is solely to be used when payment checks are submitted*

College You Will be Attending in Fall

College Address Where Payment Should be Sent (for example, Virginia Tech – Bursars Office)

City, State, Zip

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