



AMERICAN SUBCONTRACTORS ASSOCIATION – MIDWEST COUNCIL TOM OWENS MEMORIAL SCHOLARSHIP

ELIGIBILITY RULES AND APPLICATION PROCEDURES

1. Candidates for an award from the AMERICAN SUBCONTRACTORS ASSOCIATION – MIDWEST COUNCIL – TOM OWENS MEMORIAL SCHOLARSHIP FUND (FUND) should be sponsored by an active American Subcontractors Association – Midwest Council (ASA) member in good standing. Such nominations shall be made in writing. **The application shall be addressed to ASA Tom Owens Memorial Scholarship Fund, c/o Chris O'Hagan, J.D. Kutter Insurance Associates, 800 Market 18th Floor, St. Louis, MO 63101.** The application shall set forth the name, address and telephone number of the candidate, the level of schooling to which the award will be applied (i.e. college, university, trade school, graduate school) and the name of the school or institution, if known, where he or she has been accepted or enrolled. The scholarship monies must be applied toward tuition. The communication shall also contain a statement of the general qualifications of the applicant. The applicant shall emphasize any facts that he or she feels might enlighten and inform the FUND relative to the individual nominated.
2. To be eligible for a scholarship award, candidates:
 1. Should be sponsored by an ASA member in good standing.
 2. Shall at the time of application be at least in the senior year of highschool.
 3. Shall pledge to use any scholarship award granted towards College, University, Trade School or Post Graduate studies or other educational endeavors.
 4. Are not required to be a member of ASA, related to an ASA member or an employee of an ASA member, or to have any other connection with the ASA.
 5. Board members, officers and directors of the FUND and their immediate families are not eligible.

Subject to the above requirements, any individual shall be eligible for a scholarship award.

3. All required application materials (completed applications, essays, letters of recommendation, Transcripts) must be submitted in one complete packet and forwarded to the FUND at the address referenced in #1 above after September 1 and before January 31st in order to be eligible for consideration. Packets that are postmarked after January 31st may be disqualified.
4. The FUND will make annual awards based upon character, merit, community service and involvement and upon full or part-time attendance in an accredited junior college, college, university or post-graduate institution. The Board Members/Officers reserve the right to investigate and verify any information or data submitted by the candidate.
5. The FUND shall, in their absolute discretion, select the recipients of these awards (to be the ASA – Midwest Council Tom Owens Memorial Scholarship) as well as determine the number of eligible recipients each year. In no case shall a recipient be eligible to receive an award for more than two years.
6. Announcement of the awards shall be communicated and publicized on or before March 1st of the following year following the January 31st cutoff date for applications. All awards will be in cash accompanied by such other means of recognition of the successful candidate's status as may be prescribed by the FUND. The FUND reserves the right to make the award in the form of a check payable to the institution attended by the successful candidate. Payment instructions must be provided on or before August 1 or the award may be voided.

APPLICATION
FOR
AMERICAN SUBCONTRACTORS ASSOCIATION – MIDWEST COUNCIL
TOM OWENS MEMORIAL SCHOLARSHIP FUND

General Information

1. Name _____
2. Address _____ Phone # _____
3. City _____ State _____ Zip _____
4. Schools Attended:
High School(s) _____ Address _____
Date of Graduation _____ Grade Pt. Av. _____
College _____ Address _____
Years Completed _____ Grade Pt. Av. _____
5. Do you live with your parents or legal guardian? _____
6. Parent's Name _____ Phone # _____
7. Address _____
8. City _____ State _____ Zip _____
9. What college, university, or technical school do you plan to attend?

10. For what level of admission are you applying?

Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad _____
11. Have you worked? Yes _____ No _____ What jobs have you had? _____

12. Are you currently employed? If so where and for how long? _____

13. Do you plan to work while attending college, university, trade school, graduate school? _____

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ADDITIONAL INFORMATION

1. What are your estimated college expenses in the coming school year?
Tuition \$ _____ Living \$ _____ Miscellaneous \$ _____
Total \$ _____
2. What are your plans for summer work? _____

3. Do you own your own car ? _____

Attachments

1. Please attach your official high school and/or secondary education transcript(s) to this application.
2. Two (2) letters of recommendation from such persons as educators, clergy, employers, or coaches. These letters should be place in an envelope, sealed by the author and signed across the flap to ensure confidentiality. The sealed and signed envelopes should be given to the applicant for inclusion with the completed application materials.

The following is for statistical information only and has no bearing on selection for scholarship awards.

What is your relationship to the ASA - Midwest Council and/or an ASA - Midwest Council member who nominated you for this scholarship (your sponsor)?

- a. _____ I am a son/daughter of an ASA – Midwest Council member.
- b. _____ I am a family member (other than son/daughter) of an ASA – Midwest Council member.
- c. _____ I am an employee of an ASA – Midwest Council member.
- d. _____ I am a son/daughter of an employee of an ASA – Midwest Council member.
- e. _____ I am a family member (other than son/daughter) of an employee of an ASA – Midwest Council member.
- f. _____ I am an acquaintance of an ASA – Midwest Council member.
- g. _____ I have no relationship with the ASA – Midwest Council or any member.

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I certify that the above information is complete and accurate. Further, I give the Board members, Directors and Officers of American Subcontractors Association – Midwest Council Tom Owens Memorial Scholarship Fund permission to investigate and verify any of the information submitted with this application.

Signature of Applicant _____

Date _____

I hereby consent to the application of my _____ daughter _____ son protected for consideration by the scholarship Trustees and state that the information contained herein is true and accurate to the best of my knowledge.

Signature(s) of parent(s) or Guardian(s)

Mail completed applications, transcripts, letters of recommendation and related materials in one complete package to:

**ASA Midwest Council Tom Owens Memorial Scholarship Fund
C/O J.D. Kutter Insurance Associated
Attn: Chris O'Hagan
800 Market 18th Floor
St. Louis, MO 63101**

**The packet is due after September 1st and before January 31st.
Late or incomplete packets may be disqualified.**