

**Joe Marchesi Construction Industry
Advancement Fund Fall 2018**
Scholarship Application

PLEASE PRINT AND FILL IN ALL AREAS

Name: _____
Last First Middle

Mailing Address: _____

City/State: _____ Zip: _____

Home Phone:() _____ Alternate Phone:() _____

Date of Birth (Mo/Dy/Yr): _____ Gender: Female
Male

The Trustees of the Illinois Valley Construction Industry Advancement Fund, pursuant to Article IV-O of the Agreement and Declaration of Trust, as amended, agree to the establishment of a college scholarship, to be known as the Joseph Marchesi Construction Industry Scholarship, which shall be offered under the following guidelines:

Competition for Joseph Marchesi Construction Industry Scholarships shall be open to all eligible students, without regard to race, color, creed, sex, age or national origin. Last year recipients Tracy Baldenegro, Peyton Couch, Austin DeBates, Nathan Diaz, Bryce Fanti, Eliza Kummer, Gianna Pattelli, Jennifer Scheidecker, & George Stuepfert each received \$1,000.00. Brett Becker, Kelsey Klein, Sarah Lyons & Olivia Raikes received \$500.00.

ILLINOIS VALLEY CONTRACTORS ASSOCIATION, INC.

1120 FIRST STREET
LA SALLE, IL 61301

PHONE: 815-223-0561
FAX : 815-223-5908

E-MAIL: ivca1@ivcontractors.org
WEBSITE : www.ivcontractors.org

1. To be eligible for consideration for a Joseph Marchesi Construction Industry Scholarships, a student must:

- a. Be enrolled in an accredited College pursuing a course of studies leading to a degree, which could advance the Illinois Valley Construction Industry.

Name of College: _____

Address: _____

City State Zip: _____

Your intended area of study (be specific): _____

- b. Be associated with the Illinois Valley Construction Industry through any one of the following ways:

- 1) Any employee of a participating Contractor that makes contributions to the Illinois Valley Construction Industry Advancement Fund: including non-bargaining executives, supervisory or clerical, their spouses or children.

Name of Contractor

Position with Company

- 2) Any member or employee of a participating Local Union whose working agreement with the Illinois Valley Contractors Association calls for contributions to the Illinois Valley Construction Industry Advancement Fund, including their spouses or children.

Bricklayers Local #6	<input type="checkbox"/>	AFFILIATION TO UNION:	
Carpenters Local #195	<input type="checkbox"/>	Member	<input type="checkbox"/>
Cement Masons Local #11	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Cement Masons Local #18	<input type="checkbox"/>	Child	<input type="checkbox"/>
Ironworkers Local #444	<input type="checkbox"/>	Employee	<input type="checkbox"/>
Laborers Local #393	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Operating Engineers Local #150	<input type="checkbox"/>	Child	<input type="checkbox"/>
Roofers' Local #11	<input type="checkbox"/>		
Sheet Metal Workers Local #1	<input type="checkbox"/>		
Teamsters' Local #722	<input type="checkbox"/>	_____	
		Member / Employee Name	

- 3) Any employee of the Illinois Valley Contractors Association, their spouses or children.

Name of Employee

Position

- 4) Any employee of the Illinois Valley Construction Industry Advancement Fund, their spouses or children.

Name of Employee

Position

- c. Applicant must have maintained a scholastic average of a "B-". This would mean a GPA of 2.66 on 4.0 scale or 3.18 on a 5.0 scale. Applicant must be a full time student with a minimum of 12 credit hours.

Applicants who have not received this scholarship in the past are given preference. Former recipients may apply and will be considered as funds are available. Please submit with the completed application, an official copy of your high school transcripts or GED final test scores and if applicable, college transcripts.

I certify that the information provided on this scholarship application is correct and true. I authorize the Illinois Valley Contractors Industry Advancement Fund Scholarship Committee to verify the information I have provided to determine my eligibility.

Signature of Applicant: _____

Date of Application: _____

For use by Scholarship Committee only.

Transcript of Grades

B- Average

Enrollment Verification

Verification Date: _____

Non-Reimbursable Drop Date: _____

Affiliation

Selection Date: _____

Check #: _____

Check Date: _____

Made payable to:

Signed: _____

Daniel F. Aussem, Executive Secretary