

**William J. Kummer Sr. Memorial Scholarship  
Industry Advancement Fund Fall 2025**

**Scholarship  
Application**

*PLEASE PRINT AND FILL IN ALL AREAS*

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Date of Birth (Mo/Day/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 William J. Kummer Sr. Memorial Scholarship, which shall be offered under the following guidelines:

Competition for William J. Kummer Sr. Scholarships shall be open to all eligible students, without regard to race, color, creed, sex, age or national origin.

**Applications will be accepted July 1, 2025 through August 31, 2025**

ILLINOIS VALLEY CONTRACTORS ASSOCIATION, INC.

1. To be eligible for consideration for a William J. Kummer Sr. Scholarships, a student must:

a. Be enrolled in an accredited College pursuing a course of studies leading to a degree.

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"/>	<b>AFFILIATION TO UNION:</b>	
Carpenters Local #174	<input type="checkbox"/>	<b>Member</b>	<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"/>	<b>Employee</b>	<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"/>	<b>Member / Employee Name</b>	

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 “C+“. This would mean a GPA of 2.50 on 4.0 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 most recent transcripts or GED final test scores.**

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: \_\_\_\_\_  
Amy McNally, Executive Secretary