

**INTERNATIONAL CONCRETE REPAIR INSTITUTE**  
**SOUTH EAST FLORIDA CHAPTER**  
**SCHOLARSHIP PROGRAM APPLICATION**

**I. GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Current Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a currently a member of ICRI/ S.E. Florida? (Circle One) Yes No

If Yes, How Long have you been a member of ICRI? \_\_\_\_\_



## II. EDUCATIONAL INFORMATION

Name of High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

List all Colleges/Universities attended:

College/University	Date of Attendance	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full-Time or Part-Time? \_\_\_\_\_

Major Field of Study? \_\_\_\_\_

Number of Credits You Have Completed? \_\_\_\_\_

Expected Date of Graduation? \_\_\_\_\_

## III. SUPPLEMENTAL INFORMATION

- A. Attach an essay (no more than 1000 words) which outlines the following:
1. Your career interests and goals
  2. Community, civic or professional organization affiliations
  3. Extracurricular activities and interests
  4. Major personal accomplishments in education
  5. How an ICRI S.E. Florida Chapter scholarship would benefit you.
- B. Attach a CERTIFIED copy of your most recent transcript. (All documents become the sole property of the Scholarship Committee and will not be returned)
- C. Attach two completed letters of recommendation. In order to be considered for this scholarship award, a maximum of two letters of recommendations are required. At least one of these letters should be from a faculty member at the institution where the applicant is currently enrolled.

## IV. APPLICANT CERTIFICATION

The information contained in this application is accurate to the best of my knowledge. I fully understand that scholarships are awarded at the discretion of the ICRI S.E. Florida Chapter Scholarship Committee, and I give the committee permission to contact my school and references for verification of this information. I understand that I may be required to return this award if I do not complete my course of study.

I further acknowledge that I have read the ICRI S.E. Florida Chapter Scholarship Program Guidelines and agree to the terms and conditions therein.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Applications must be submitted to the:  
Scholarship Committee  
ICRI S.E. Florida  
c/o Julius Hader  
2200 N. Dixie Highway  
Hollywood, FL 33020*

