The City Engineers Association of Minnesota (CEAM) Scholarship Program for civil engineering technician students consists of two $2,000 scholarships awarded to eligible students attending a civil engineering technician program in Minnesota.

**APPLICANT QUALIFICATION** - Applicant must be a resident of the State of Minnesota and must be attending school full time for three quarters or two semesters during the academic school year. Status as having completed one-half of the curriculum leading to a civil engineering technician certificate at the time of scholarship award.

The application deadline is May 1, 2020. Qualifying recipients will be awarded the scholarship in the Fall of 2020.

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<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
<th>College</th>
<th>School Year completed as of August, 2020</th>
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E-mail Address _________________________________

(Recommendation by Instructor: 20%)

**RECOMMENDATION BY INSTRUCTOR:** Include with application a recommendation from an instructor in civil engineering study (preferred) or a mathematics/science instructor. Please use the attached CEAM Professor/Instructor Scholarship Recommendation form found at the end of this application. The recommendation should relate academic, personal traits and extracurricular activities.
ENGINEERING INTERESTS: How did you become interested in civil engineering? Please continue on a separate sheet if necessary.

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2. What aspect of civil engineering interests you most? Please continue on a separate sheet if necessary.

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3. What type of job do you think you will want after graduation? Please continue on a separate sheet if necessary.

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(PROFESSIONAL DEVELOPMENT ACTIVITIES: 35%)

PROFESSIONAL ACTIVITIES AND MEMBERSHIPS: List professional activities and memberships (other than jobs) in which you have been involved during college. Include an explanation of your most significant contribution(s) to the organization. Please continue on a separate sheet if necessary.

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OTHER ACTIVITIES: List the on-campus and off-campus extracurricular activities (other than jobs) in which you have been involved since entering college. Include an explanation of your contribution(s) to the activity or organization. List these activities in the order of interest you have in them. Please continue on a separate sheet if necessary.

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WORK EXPERIENCE: List the full-time, part-time, internship, and/or summer jobs you have held since entering college. Include a description of your duties and hours of work per week. Please continue on a separate sheet if necessary.

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(GPA: 10%)
GRADE POINT AVERAGE (GPA) AND TRANSCRIPT: Please submit a transcript from all institutions of higher learning that you have attended. A registrar certification of your transcript is not required.

Cumulative GPA _______________________

PERMISSION TO RELEASE INFORMATION: By submitting this application, I authorize my college officials to make available to the City Engineers Association of Minnesota information concerning my academic records. ( ) Yes ( ) No

APPLICANT’S SIGNATURE ___________________________________________ DATE ________________________________

Completed application forms are to be sent to: John Sachi, PE
CEAM Scholarship Committee Chair
WSB
178 East 9th Street
Suite 200
St. Paul, MN 55101
jsachi@wsben.com
763-762-2872
CEAM PROFESSOR/INSTRUCTOR SCHOLARSHIP RECOMMENDATION FORM

Please complete this section and then deliver this form with a self-addressed envelope to your recommendation provider. Ask him/her to return this completed form to you in the sealed envelope with his/her signature across the seal. Do not break the seal. Submit the sealed recommendation with the rest of your application materials. Or in place of the sealed envelope method, the instructor may scan and email the signed completed recommendation form directly to jsachi@wsbeng.com from their college email address.

Applicant’s Name: First ___________________________ Last ___________________________

Confidentiality: Under the Family Education Rights and Privacy Act of 1974, as amended (FERPA) only the student can waive his/her rights to recommendations. I understand that this recommendation will be used solely for processing my scholarship application, and hereby waive my right to access this recommendation.

Signature of Applicant ___________________________ Date ___________________________

It is within your rights to decline to write a recommendation if a student chooses not to waive his/her access rights.

Please rate this applicant with respect to the following:

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<th>Excellent</th>
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<td>Responsibility, dependability</td>
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Additional comments for evaluation of this applicant:

Length of time you have known applicant _______________ In what capacity? ___________________________

Name (please print) ____________________________________________ Phone No. ___________________________

Department or Organization ____________________________________ Title ____________________________

Signature __________________________________________________ Date ____________________________

Complete forms should be given to the Scholarship Applicant (in a sealed and signed envelope) for submission with the CEAM Scholarship Application or emailed directly to the Scholarship Chair John Sachi at jsachi@wsbeng.com from the professor/instructor’s school email address.