



JOEY ELLIS SCHOLARSHIP



Please Print

Name (First, Initial, Last): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

High School:

Graduation Year: _____

DOB: _____

Child/Grandchild of EMF Member:

Applicant Requirements & Review:

- Child or Grandchild of a CCIA EMF Member
- Attend a 2-yr. or 4-yr. accredited college/university
- Judges will consider the following;
 - Academic grades
 - SAT or ACT scores
 - Extra-curricular activities
 - Essay
 - Financial need
 - Thoroughness of completed application
 - Most-current transcript
 - Letter of recommendation from a faculty member serving at the H.S., College or University level
- Applications are **DUE** by **December 16, 2024** to:
 - CCIA
 - Attn: Don Shubert, CCIA EMF Scholarship Program
 - 912 Silas Deane Hwy., Suite 112
 - Wethersfield, CT 06109
 - Or by email to Jean Barlage at:
jbarlage@ctconstruction.org.

CCIA/EMF JOEY ELLIS SCHOLARSHIP APPLICATION

I. General Information

College/University you will be enrolling in FA 2022: _____

Course of Study: _____ Expected Graduation Year: _____

Current/Summer Employment/Internships Opportunity: _____

Family Income (check appropriate level):

- Under \$50,000
- \$50,000-\$100,000
- \$100,001-\$150,000
- Over \$150,000

Siblings currently enrolled in college: _____

Is there any other source of family income dedicated to your college education, and if so,

please list what it is: _____

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II. Academic & Extra-curricular Activities

Please list one, or both testing scores: SAT Test: _____ ACT Test: _____

Please list any honors or awards: _____

Please list academic/extra-curricular activities and officer positions if held: _____

Please list community functions you have volunteered for: _____

At-home responsibilities: _____

Work Experience: _____

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III. Essay

Please submit an essay no less than 500 words on why you choose the college degree you intend to pursue and your future career interests. (*Essay may be attached on a separate page.*)

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I certify that the information in this application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

I approve the submission of this application.

Signature of Parent/Guardian: _____ Date: _____

Signature of H.S. Counselor: _____ Date: _____

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