



The SRVBCA Professional Women in Building support those looking to enter the building industry by awarding scholarships in the amount of \$1,000 to deserving students pursuing a career in construction trades

TO BE CONSIDERED FOR THIS SCHOLARSHIP, THE FOLLOWING IS REQUIRED:

- 1. Submit the completed and signed application.
2. You must be pursuing a career in a building related field in Idaho.

Contact Information

Full Name: _____ Application Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____

Education

Name of Current High School / College / Vocational / Technical School: _____
Address: _____ City: _____ State: _____ Zip: _____
Academic Major: _____ Current GPA: _____ Expected Graduation Date: _____
Name of School Attending for 2026/2027 Academic Year: _____
City: _____ State: _____ Year in School: _____
Expected Degree: _____ Expected Graduation: _____
Additional Post-Secondary Education (if applicable) University, College, Vocational or Technical Schools attended:
1. Institution Name: _____ City: _____ State: _____
Enrollment Date: ___/___/___ To ___/___/___ Course of Study: _____
Degree / Certificate Earned: _____ Ending GPA: _____
2. Institution Name: _____ City: _____ State: _____
Enrollment Date: ___/___/___ To ___/___/___ Course of Study: _____
Degree / Certificate Earned: _____ Ending GPA: _____

Extra – Curricular / Community Service Activities

In the section below, enter the name(s) of the activities in which you have participated. Please detail the time commitment you expanded on each activity. When applicable, indicate whether you received a varsity letter or served in a leadership position.

1. Organization / Activity: _____ City: _____ State: _____
Time Commitment: From ___/___/___ To ___/___/___ Average Hours Participated in Per Week: _____



Participation: _____
2. Organization / Activity: _____ City: _____ State: _____
Time Commitment: From ____/____ To ____/____ Average Hours Participated in Per Week: _____
Participation: _____

References

Name: _____ Phone: (____) _____ Email: _____
Length of Time Known: _____ Relationship: _____
1. Name: _____ Phone: (____) _____ Email: _____
Length of Time Known: _____ Relationship: _____

Education Goals

What educational studies do you plan to pursue or are you currently pursuing?

Why are you applying for this scholarship?

How will this scholarship help you attain your goal?

Describe any other financial aid or scholarships that you will receive.

I attest that the information contained in this application is true and accurate. I agree that this application and supporting documents may be used for the purpose of evaluation and selection for the scholarship. I agree to provide my social security number and birthdate to the SRVBCA if I am chosen to receive this scholarship. I give permission for the SRVBCA and PWB to use my name and photo in the future scholarship advertising if I am selected to receive this scholarship.

Signature: _____ Printed Name: _____

Please return to the SRVBCA, PWB Bo Box 254 Nampa, ID 83653 or submit via email to: info@srvbca.com

Deadline: Friday, April 10th, 2026 – NO LATE ENTRIES WILL BE ACCEPTED!

