



Application for Scholarship Program Concrete Industry Board of NYC

Contact Information

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Sponsoring CIB Active Member: _____

Relationship to CIB Active Member: _____

Education

	Name	Current GPA	Degree
High School			
College			
College			
Anticipated Date of Graduation			

Guidance Counselor or Advisor: _____

Phone: _____

Email: _____

List of Honors, Awards and Scholarships received to date:

College you are attending (full time-12 credit minimum), declared major: _____

(Attach an official copy of latest transcript, listing all completed semesters)

Why you have selected this college: _____

Extra-Curricular Activities (job, clubs, community activities, sports, etc.):

Attach a typed written essay, 250 words or less describing your career interests and personal objectives.

I certify that all information contained in this application is true.

Signature of Applicant: _____

Date: _____

Signature of CIB Active Member: _____

Submit application form, transcripts and essay by May 9, 2025 to: CIB Scholarship Selection Committee

138 Main Street, #25, East Rockaway, NY 11518 or email pdf version to lvega@cibofnyc.com