EQUIPMENT SERVICE ASSOCIATION

AID. EXPAND. PROMOTE. ENABLE. PROVIDE.

SCHOLARSHIP APPLICATION CRITERIA

COLLEGE SCHOLARSHIPS FOR FALL 2018 - SPRING 2019 SCHOOL YEAR:

A limited number of scholarships will be awarded to ESA members, families, employees, and employee's families who meet the criteria below. Winners will be selected at random in an open drawing of all qualified applicants during the ESA 2018 Annual Convention. Applicants need not to be present to win.

AMOUNT:

- Three (3) $2,000 ESA Scholarships will be awarded this year.

FIELD OF STUDY:

- All Areas of Study

ELIGIBLITY RULES:

- Applicants must be sponsored by a current ESA member.
- Applicants must be enrolled in an accredited college, university, or trade school and be taking at least six credit hours in the Fall 2018 Semester.
- Applicants must have a minimum 2.5 grade average.
- Applicants must complete application and return to the ESA Scholarship Committee **no later than April 30, 2018**. *(Include High School or College Transcript, whichever applies.)*

APPLICATION SUBMISSION:

- **Mail Application to:**
  ESA Scholarship Committee
  1100 Pershall Road
  St. Louis, MO 63137
- **Email to:** scholarship@2esa.org
- **Fax to:** (314) 262-8820
- All applications will be checked for eligibility and questions will be referred to the ESA Scholarship Committee. Decisions of this committee are final.

EQUIPMENT SERVICE ASSOCIATION

AID. EXPAND. PROMOTE. ENABLE. PROVIDE.

SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY. **Application Due Date: April 30, 2018**

Student Name: _____

Social Security or Student ID Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

College/University Attending in Fall 2017: _____

Student's Campus Address (if applicable): _____

City: _____ State: _____ Zip: _____

Registrar's Office Phone: _____ Enrollment Status in Fall 2018: _____
(1st year, 2nd year...)

If you are transferring schools, please list information from your Spring 2018 school below:

College/University: _____ Registrar's Office Phone: _____

High School/College Transcript Must Be Included: ☐ Yes

ESA Member: _____ Signature: _____

ESA Member Company Email: _____

I certify that I meet the eligibility requirements as stated on the scholarship application form and that the information provided is accurate. I understand all information is subject to verification.

_____ _____
Applicants Signature Date

Return Application to:
ESA Scholarship Committee 1100 Pershall Road St. Louis, MO 63137
Email: scholarship@2esa.org or **Fax:** (314) 262-8820