

Illinois Association



Highway Engineers

FOUNDED 1936

## **SCHOLARSHIP AWARD PROGRAM**

In furtherance of the objectives of the Illinois Association of Highway Engineers, as stated in its constitution, to advance the professional reputation of the organization and its members and to promote the engineering profession, a scholarship award program has been established.

The ***Dixon Chapter Transportation Scholarship*** is for 2000 dollars.

The Dixon Chapter Transportation Scholarship is available to anyone enrolled as a full-time student or incoming freshman in a transportation engineering curriculum or related field at an accredited college or university. *While not required to apply*, additional consideration may be given to Dixon Chapter voting members and their immediate family.

Selection will be based on the following criteria:

1. High School Grade Point Average
2. Collegiate Grade Point Average (if established)
3. ACT/SAT Score
4. Applicant Statement
5. School and Community Activities

Application packets must consist of:

1. Application
2. School Affidavit Form
3. One-page, double-spaced applicant statement outlining qualifications, reasons for consideration and career goals
4. High School Transcript
5. College Transcript (if applicable)
6. ACT/SAT Test Scores

Applications and supporting materials must be postmarked by **April 19, 2024** to receive consideration by the Scholarship Committee.

The Scholarship Committee will consider each candidate and make a selection in accordance with the above guidelines on or prior to May 15, 2024. The selected candidate will be notified, in writing, and invited to attend our annual consultant invitational golf outing on June 21, 2024 where the award will be presented.

Members of the Scholarship Committee and their families are ineligible to receive this award during their service year. **Previous recipients of this award are not eligible to apply for a second time.**

In case of default of the conditions of this scholarship by the designated recipient thereof, the Scholarship Committee may select an alternate or carry over the award to a subsequent year.

The completed application should be submitted to:

Scholarship Committee  
IAHE Dixon Chapter  
P.O. Box 61  
Dixon, IL 61021

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## DIXON CHAPTER SCHOLARSHIP APPLICATION

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Are you a member of IAHE? ☐ Yes ☐ No

If yes, list chapter affiliation: \_\_\_\_\_

Are you related to a member of IAHE? ☐ Yes ☐ No

Member's Chapter Affiliation: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

5. Chronological List of High Schools and Colleges Attended:

| School | Years | Major | Yr. Graduated |
|--------|-------|-------|---------------|
| _____  | _____ | _____ | _____         |
| _____  | _____ | _____ | _____         |
| _____  | _____ | _____ | _____         |
| _____  | _____ | _____ | _____         |

6. High School Academic Rank: \_\_\_\_\_ out of \_\_\_\_\_

**(ATTACH HIGH SCHOOL TRANSCRIPT)**

College Hours Earned: \_\_\_\_\_ Hours in engineering curriculum (if applicable): \_\_\_\_\_

**(ATTACH CURRENT COLLEGE TRANSCRIPT)**

A.C.T. Score: \_\_\_\_\_ S.A.T. Score: \_\_\_\_\_

**(ATTACH COPY OF EACH, IF APPLICABLE)**

7. List extracurricular activities (clubs, volunteering, part-time work, etc.) in which you participate (include leadership roles, if applicable):

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8. List any awards or special recognition (academic, civic, scouting, other scholarships, etc.) received:

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9. Name, address, phone number and your connection to three (3) references not related to you:

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*The information I have provided on this application is complete and accurate to the best of my knowledge.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## SCHOOL AFFIDAVIT FORM

Purpose: Application for IAHE Dixon Chapter Scholarship

Statement: I have reviewed the Scholarship Application form for \_\_\_\_\_,  
and believe, to the best of my knowledge, that it accurately presents the requested information.

Additional comments for consideration by Scholarship Committee (optional):

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School Official's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_