



# EQUIPMENT SERVICE ASSOCIATION

AID. EXPAND. PROMOTE. ENABLE. PROVIDE.

## SCHOLARSHIP APPLICATION CRITERIA

### COLLEGE SCHOLARSHIPS FOR FALL 2017 - SPRING 2018 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 2017 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

#### ELIGIBILITY 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 2017 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, 2017**. *(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.



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## SCHOLARSHIP APPLICATION

**PLEASE TYPE OR PRINT CLEARLY.**

**Application Due Date: April 30, 2017**

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 2017: \_\_\_\_\_

*(1st year, 2nd year...)*

**If you are transferring schools, please list information from your Spring 2017 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