



PA ASPHALT PAVEMENT ASSOCIATION

PAPA Gary L. Hoffman Scholarship Application

Applications are accepted from September 1 to November 1 and must include the following:

- Resume.
- At least one letter of recommendation.
- An audio or video recording explaining why you want to pursue a career in the asphalt industry. A link will be provided to you.
- This completed application form

Completed information should be sent to: donna@pa-asphalt.org.

Late applications will not be considered. Deadline is November 1 at 4:00 p.m.

GENERAL INFORMATION

First Name _____ Last Name _____
Current Address _____
Permanent Address _____
Phone (cell or home?) _____ Email: _____
Are you a US Citizen? Yes _____ No _____ Are you a PA Resident? Yes _____ No _____
Parent(s) or Guardian(s) Name _____
Address (if different from above) _____

SCHOOL INFORMATION

School Name _____
School Address _____
College Major _____
Current College GPA _____ Expected Graduation Date (mo/yr) _____
(freshman please indicate n/a)
Are you: An Undergraduate Student _____ Or Graduate Student _____
Graduate Student: Specify MS or Ph.D. _____
Graduate Advisor Name _____
Provide at least one letter of recommendation.

EXTRACURRICULAR ACTIVITIES

Please list honors, recognition, awards, extracurricular activities, and community involvement. Provide additional information you feel may be relevant. _____

WORK EXPERIENCE – PLEASE ATTACH RESUME

Employer Name	Dates of Employment	Nature of Work (provide additional information in an attachment)

OBJECTIVES – PROVIDE AUDIO/VIDEO RECORDING*

List courses taken pertinent to the Asphalt Industry: _____

Do you have a family member affiliated with the Association or with the asphalt/paving industry: If so, please provide company name and individual(s) name: _____

*Audio or video recording must be provided. A link and instructions will be emailed to you when your completed application is received.

STUDENT AGREEMENT

I authorize the Pennsylvania Asphalt Pavement Association (PAPA) to release my above information to individuals on the PAPA Scholarship Committee, Board of Directors, Scholarship Donors, and PAPA Members.

My signature certifies the information provided on this application is accurate and complete to the best of my ability.

Printed Name (qualifies as signature)

Date