

# Lincoln Construction, Inc. Willard Williams Memorial Scholarship

2025-2026 Scholarship Application

### **DESCRIPTION**

Lincoln Construction, Inc. (LCI) has established a scholarship program which will award an annual scholarship of \$1,000. This scholarship is intended for children or a direct relative of Lincoln Construction employees who are interested in pursuing a career in the construction industry and meet requirements outlined by officials of Lincoln Construction, Inc. Although students not pursuing a construction career are not disqualified from consideration for the scholarship, students who are on the construction industry career track will receive first consideration.

#### REQUIREMENTS

Applicants must meet the following requirements to qualify for this scholarship:

- A childor direct relative of anhourly or salaried employee of LCI with at least 2 years of service.
  - Interested in pursuing a career in construction.
  - Interested in pursuing a career outside the construction industry.
- An undergraduate in at least the second year of a 2-year, 4-year or 5-year degree program at a college or university in the Fall of 2025
- Minimum grade point average of 2.5 (out of 4.0).

#### **INSTRUCTIONS**

- Please complete ALL sections of this application. Write N/A if the question does not apply.
- Use additional sheets of paper where necessary to include all information.
- Type or print using BLACK ink.
- Appearance and completeness will be considered during evaluation. There is a point system for each section of the application. If a section is left blank, the applicant receives zero points for that section.
- Be sure to include scholarship application, essay, and college transcripts.

## **MAIL APPLICATION TO**

AGC of Ohio Education Foundation, Lincoln Construction, Inc. Willard Williams Memorial Scholarship, 1755 Northwest Boulevard, Columbus, OH 43212.

**ALL APPLICATIONS MUST BE POSTMARKED BY FEBRUARY 7, 2025.** Awards will be disbursed in May. All applicants will be notified as to whether or not they receive a scholarship.

## **QUESTIONS**

Direct any questions to Parker Brown at AGC of Ohio Education Foundation (614) 486-6446 or e-mail parker@agcohio.com.

#### **APPLICATIONS ALSO AVAILABLE ONLINE AT**

agcohio.com/workforce-development/agc-scholarships/

Last, First, Middle Home Address: Number & Street, City, State, Zip  County of Residence: Home Telephone: E-mail Address:  EMPLOYMENT HISTORY List below full-time employment, alternative co-op employment, summer employment and/or part-time wo briefly explaining duties and responsibilities (beginning with your most recent position). Indicate the number hours worked per week. Add additional sheets if necessary.  From:  Month/Year  Name/Type of Business:  From:  Supervisor's Name:  Your Title: Hours Worked Per Week: Your Duties:  From: Month/Year  Name/Type of Business: Hours Worked Per Week: Your Duties:  From: Month/Year  Name/Type of Business:  Hours Worked Per Week:  Hours Worked Per Week:	Name:	
Number & Street, City, State, Zip  College Address:   Number & Street, City, State, Zip		
College Address:   Number & Street, City, State, Zip	Home Address:	
County of Residence:	•	
Home Telephone: Cell Phone: E-mail Address:	_	
Home Telephone: Cell Phone: E-mail Address:	County of Residence:	
EMPLOYMENT HISTORY  List below full-time employment, alternative co-op employment, summer employment and/or part-time wo briefly explaining duties and responsibilities (beginning with your most recent position). Indicate the number hours worked per week. Add additional sheets if necessary.  From:		
List below full-time employment, alternative co-op employment, summer employment and/or part-time wo briefly explaining duties and responsibilities (beginning with your most recent position). Indicate the number hours worked per week. Add additional sheets if necessary.  From:		
Month/Year         Month/Year           Name/Type of Business:	briefly explaining duties and response	sibilities (beginning with your most recent position). Indicate the number of
Name/Type of Business:  Address: Telephone: Your Title: Hours Worked Per Week: Your Duties:  From: Month/Year Name/Type of Business: Telephone: Your Title: Hours Worked Per Week: Hours Worked Per Week: Your Duties:  To: Month/Year Name/Type of Business: Telephone: Your Title: Hours Worked Per Week: Your Duties:  From: Month/Year Name/Type of Business: Address: Address:		
Address: Telephone: Supervisor's Name: Your Title: Hours Worked Per Week: Your Duties:  From: Month/Year To: Month/Year Name/Type of Business: Telephone: Your Title: Your Duties:  From: To: Month/Year Name: Your Title: Your Duties:  From: Month/Year To: Month/Year Name/Type of Business: Address: Address: Address: Address: Address:	, , , , ,	·
Telephone:Supervisor's Name:	Name/Type of Business:	
Your Title: Hours Worked Per Week:	Address:	
Your Duties:  From:  Month/Year  Name/Type of Business:  Address:  Telephone:  Your Title:  Your Duties:  From:  Month/Year  Month/Year  To:  Month/Year  Month/Year  Name/Type of Business:  Address:  Address:	Telephone:	Supervisor's Name:
From:	Your Title:	Hours Worked Per Week:
Month/Year  Name/Type of Business:  Address: Telephone: Your Title: Hours Worked Per Week: Your Duties:  From: Month/Year  Month/Year  Month/Year  Month/Year  Address: Address:	Your Duties:	
Name/Type of Business:	From:Month/Year	
Telephone:Supervisor's Name:Your Title:Hours Worked Per Week:Your Duties:To:		
Telephone:Supervisor's Name:Your Title:Hours Worked Per Week:Your Duties:To:	Address:	
Your Title:		
Your Duties:		
Month/Year  Name/Type of Business:  Address:		
Name/Type of Business:Address:		
Address:	,	·
Telephone: Supervisor's Name:		
Your Title: Hours Worked Per Week: Your Duties:	Marrie Title:	Hours Worked Per Week:

SCHOLASTIC INFORMATION
Please include copies of your college transcripts showing your cumulative GPA.
Class status as of September 2025 (e.g., sophomore, junior, senior):
Expected status during the 2025-2026 academic year (e.g., full-time, part-time):
Number of class hours you plan to take:hours per quarter -ORhours per semester
Cumulative grade point average (on a 4.0 scale or define scale):
Have you received any previous degrees in higher education?
so, please list the institution/location, your degree and major, and the year you received the degree:
College or Technical School  Name/Location:
Attendance Dates (from/to):
Major/Course of Study:
Anticipated Graduation Date:
Previous College or Technical School
Name/Location:
Attendance Dates (from/to):
Major/Course of Study:
Anticipated Graduation Date:
High School
Name/Location:
Attendance Dates (from/to):
Major/Course of Study:
Graduation Date:
Extracurricular Activities
List any extracurricular activities (school or community) in which you have participated in the past three years; if there is something that prevents you from extracurricular activities, be sure to state what it is:
Awards/Achievements
List any accomplishments or awards you have received in the past three years: (Pleasexclude deans list)
Lincoln Construction, Inc. • Scholarship Application

## **ESSAY**

Please answer **ALL** the following questions on a separate sheet of paper. Each answer should be no more than 125 words. Neatness, grammar and spelling will be considered during the review process.

**QUESTIONS:** 1. What kind of career would you like to pursue and why? 2. What goals do you hope to accomplish in your career? 3. How do you plan to make a difference in that industry? 4. What would you like to share that might have an influence on whether or not you receive this scholarship?

ADDITIONAL INFORMATION
Financial need is not a high priority in this process; however, some emphasis is placed on it. Please describe your financial situation below. (For example: My parents / family pay for my tuition, room and board, but I must work for any extras and spending money; or I have taken student loans to pay for tuition, and I work to pay my room and board, etc.):
Do you plan on pursuing a career in the construction field? Yes No
Are you currently employed with Lincoln Construction, Inc.? Yes No
Is a relative of yours currently employed with Lincoln Construction, Inc.? Yes No Relative's name:
His/her relationship to you:
APPLICANT'S SIGNATURE  My signature below certifies that all information provided is true and accurate, and is in no way misleading. I agree that the application and all attachments may be used for the purposes of evaluation and selection by Lincoln Construction, Inc. and/or representatives designated by Lincoln Construction.
If I am awarded a scholarship, I agree that AGC of Ohio and/or Lincoln Construction, Inc. may use my name and biographical information (including but not limited to my city or county of residence, my college or university, my extra-curricular activities, my work experience or any awards or achievements I receive or accomplish) for publicity purposes for the AGC of Ohio scholarship program or other reasonable use unless I have specifically requested otherwise.
Signature: Date:
I would prefer AGC and/or Lincoln Construction, Inc. not to publicize any of the information included on this application.
Signature: Date:
NOTE TO APPLICANT  You have the ultimate responsibility to ensure that the application, all forms and transcripts are postmarked no later than FEBRUARY7,2025. Mail application to:  AGC of Ohio Education Foundation  Lincoln Construction Scholarship  1755 Northwest Blvd  Columbus, OH 43212



