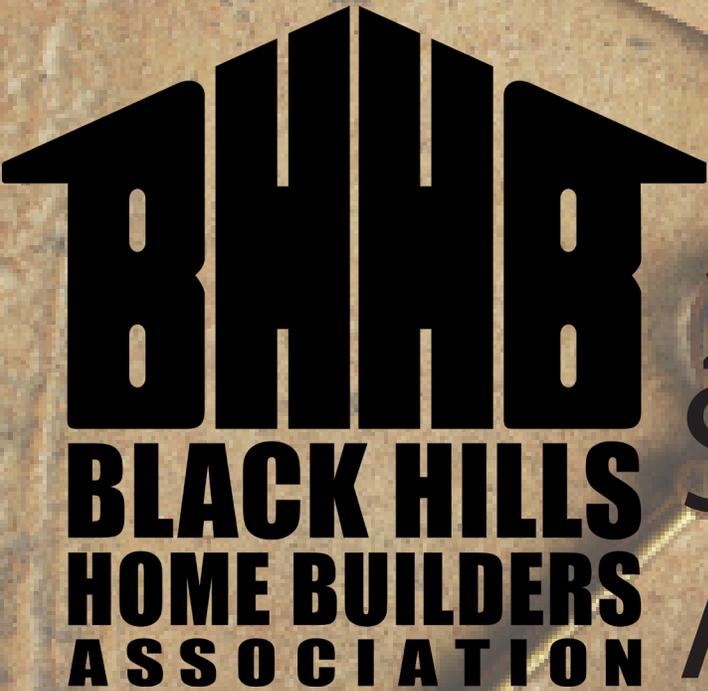


Scholarship



2025  
Scholarship  
Application



# Black Hills Home Builders Association Scholarship Program

The Black Hills Home Builders Association sponsors two (2) \$1000.00 continuing education scholarships annually. The purpose of the scholarship is to recognize the student's academic excellence, as well as the Black Hills Home Builders Association's member affiliated with the student who is applying, and their active participation in the association. Preference will be given to a child or grandchild of an owner or employee of an association member or a child or grandchild of a BHHBA staff member. The student's area of interest may be in any field. However, preference will be given to applicants with goals of employment related to the Home Building Industry. All applicants must meet the eligibility requirements as listed below. Scholarships will be limited to one per year per award winner. The recipient must be enrolling to attend

college in the Fall of 2025. If you are awarded a scholarship, and your schooling plans change, you will be asked to forfeit the scholarship for the current year and reapply the following year. The eligible individuals will be judged on the basis of scholastic achievement, community service, school and non-school activities and their answers to the essay questions on the application form. The judging will be done impartially without basis of religion, race, gender or age and all scholarship applications are confidential. Deadline for applications is May 15th, 2025 by 5pm. Award winners will be notified by June 1, 2025. Scholarship monies will be made payable to the scholarship recipient and their registered school and will be awarded to the student at the July 15th Membership Social.

## ELIGIBILITY REQUIREMENTS:

1. PREFERENCE WILL BE GIVEN TO A CHILD OR GRANDCHILD OF AN OWNER OR EMPLOYEE OF AN ASSOCIATION MEMBER OR A CHILD OR GRANDCHILD OF A BHHBA STAFF MEMBER.
2. PREFERENCE WILL BE GIVEN TO APPLICANTS WITH GOALS OF EMPLOYMENT IN THE HOME BUILDING INDUSTRY
3. COMPLETED APPLICATION FORM, COVER LETTER, TRANSCRIPTS, 3 REFERENCE LETTERS AND A STATEMENT OF FINANCIAL NEED SHOULD BE RETURNED TO THE BHHBA BY THE May 15th, 2025 DEADLINE. IF YOUR APPLICATION IS INCOMPLETE, YOU WILL NOT BE CONTACTED TO COMPLETE IT, AND YOU MAY FORFEIT YOUR CHANCE TO BE CONSIDERED TO RECEIVE THE SCHOLARSHIP.



Office Use Only

Date Application Received:  
\_\_\_\_\_

Application Complete:  
\_\_\_\_\_

Application Not Complete:  
\_\_\_\_\_

"Your Advocate For The Building Industry"

1760 Rand Road, Rapid City, SD 57702

Phone (605) 348.7850

E-mail: executive@blackhillshomebuilders.com

**NOTE:** If you email your application it is your responsibility to call our office and make sure it was received. Please also be advised that emailed applications may not be as neat in appearance as a mailed application.

**2025 NEW STUDENTS & CONTINUING ED SCHOLARSHIP APPLICATION**

Applicant: Please complete ALL sections of this application. Type or print using black ink. Use N/A if question does not apply. SCHOLARSHIP RULES AND REGULATIONS ARE ON PAGE 4. NEATNESS AND COMPLETENESS will be considered during evaluation.

Mail complete package to:

Black Hills Home Builders Association, Scholarship Committee,  
1760 Rand Road, Rapid City, SD 57702.

Applications must be received by May 15, 2025 BY 5PM to be eligible for consideration

I. PERSONAL

A. Name \_\_\_\_\_  
Last First Middle

B. Address: \_\_\_\_\_  
Number & Street City State Zip

C. Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

D. Name of BHHBA Member business, friend or relative of affiliation:  
\_\_\_\_\_

E. What is your affiliation to the above listed person \_\_\_\_\_

F. College you plan to attend in Fall 2025: \_\_\_\_\_

II. ASSOCIATION KNOWLEDGE

A. What is your knowledge of the Black Hills Home Builders Association and the services we provide?

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III. SCHOLASTIC INFORMATION

A. Provide names, city, and state of high schools, colleges and/or universities you have attended or are currently attending, most recent first. Be sure to indicate month and year of completion or anticipated graduation.

	Institution	Attendance Dates	Major	Month and Year (from/to) of Completion or Anticipated Graduation Date
1.	Circle one:	High School	Two-Year Program	4-5 Year School Program
2.	Circle one:	High School	Two-Year Program	4-5 Year School Program
3.	Circle one:	High School	Two-Year Program	4-5 Year School Program

B. 1. List your academic achievements:

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2. List any community service projects in which you have been or are currently involved:

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3. List any school activities:

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4. List any non-school activities:

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C. 1. What is your field of study?

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2. Why did you choose this field?

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3. What might you contribute to your chosen field?

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D. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. COVER LETTER
2. COPY OF MOST RECENT TRANSCRIPT
3. A STATEMENT OF YOUR NEED FOR ASSISTANCE
4. THREE REFERENCE LETTERS

{Should include information concerning the relationship to applicant, how long individual has known the applicant and an evaluation of social and personal traits of the applicant such as: cooperation, dependability, initiative, leadership, maturity and self-control.}



# Reminder

Deadline for applications is  
May 15th, 2025 by 5pm.

EMPLOYMENT HISTORY

A. List below full-time employment, summer employment, and/or part-time work briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week.

1. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Firm's Name and Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Position \_\_\_\_\_

Your Duties \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Firm's Name and Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Position \_\_\_\_\_

Your Duties \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Firm's Name and Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Position \_\_\_\_\_

Your Duties \_\_\_\_\_

4. From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Firm's Name and Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Position \_\_\_\_\_

Your Duties \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_