



**ASSOCIATION FOR BRIDGE CONSTRUCTION AND DESIGN
WESTERN NEW YORK CHAPTER**

**2024/25 ASSOCIATE'S DEGREE SCHOLARSHIP PROGRAM
RULES AND REGULATIONS**

A. ENTRY DEADLINE - All material must be postmarked no later than October 18, 2024 or emailed to Austin Chudyk, PE at achudyk@popligroup.com prior to midnight on October 18, 2024.

B. ELIGIBILITY

ABCD WNY Associate's Degree Scholarship

One \$2000 scholarship will be awarded. Applicant must be a permanent Western New York State resident attending an accredited school anywhere in New York State OR a permanent New York State resident attending an accredited Western New York State School.

► **For purposes of this scholarship award, Western New York is defined as west of Interstate 81.**

1. At the time of the application deadline, applicant must have completed the first year of an Associate's Degree program.
2. Applicant must be a US citizen or documented permanent resident of the United States.
3. Applicant must be pursuing an Associate's Degree in a field related to bridge construction or design. A dual degree with construction and/or civil engineering is acceptable. Student must be enrolled full-time, as defined by the school. Part-time students are not eligible for this scholarship award.

C. APPLICATION PROCESS

1. Applicant is responsible for submitting all pieces of the completed entry to:
Austin Chudyk, PE
Popli Design Group
555 Penbrooke Dr.
Penfield, NY 14526
ATT: ABCD WNY 2024/25 Undergraduate Scholarship Program
Or electronically to achudyk@popligroup.com.
2. Applicant is responsible for ensuring that all items listed below are included with the Entry:
 - A completed and signed application, including a word essay.
 - An official transcript of college grades, submitted by applicant's school to the above stated ABCD WNY Scholarship Program address.
 - A total of two (2) Evaluation Forms, both of which must be from the applicant's college faculty advisor, a college professor or assistant professor.
 - A total of one (1) Personal Reference Form, which must be someone who is not a relative of the applicant and who did not complete an evaluation form.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

D. AWARD

1. Scholarships will be awarded for use in school expenses only. Checks will be sent directly to recipient's school for the Spring 2025 school term. Award winners will be asked to provide their Student Account number for this purpose.
2. Applications will be reviewed and award winners will be determined by the Scholarship Committee of the Association for Bridge Construction and Design, Western New York Chapter.
3. Factors which will be considered by the selection committee in determination of award winners are as follows: **Scholastic Performance, Written Essay, Evaluation Forms, Personal Reference Form, and Extra Curricular Activities/Employment.**
4. Award winners will be notified in early November 2024.
5. Award winners are required to continue full time study at the same school for the 2025 Spring Semester. Awards will not be transferred between schools if the recipient transfers.
6. Award winners and their immediate family will be invited as guests of ABCD at our Annual Fall Bridge Conference, to be held on November 22, 2024. Details about the conference will be forthcoming. A presentation will be made to each recipient during the conference. Attendance is requested but not required.



2024/25 APPLICATION

ABCD WNY ASSOCIATE'S DEGREE SCHOLARSHIP

APPLICANT: Please complete ALL sections of this application. Type or print using ink. Use "N/A" if a question does not apply. Completeness and appearance WILL BE CONSIDERED during evaluation. Mail completed application to:

Austin Chudyk, PE
Popli Design Group
555 Penbrooke Dr.
Penfield, NY 14526
ATT: ABCD WNY 2024/25 Undergraduate Scholarship Program

Or electronically to achudyk@popligroup.com. If submitted electronically, the committee has the right to request that originals be mailed if requested.

All application material must be **postmarked** no later than **October 18, 2024**, or emailed prior to midnight on October 18, 2024.

I. PERSONAL INFORMATION

A. Name: _____
Last First MI

B. Mailing Addresses:

Home: _____
Number & Street City State Zip

School (if different): _____
Number & Street City State Zip

At which address can you be contacted in October/November? _____

C. Email: _____
Email will be the primary method of communication.

Primary Telephone: (____) _____

D. Are you a U.S. Citizen? _____ If not, are you a permanent U.S. resident? _____

YOU MUST BE A U.S. CITIZEN OR PERMANENT U.S. RESIDENT TO BE ELIGIBLE FOR SCHOLARSHIP AWARD

II. SCHOLASTIC INFORMATION

A. Provide names, city and state of high schools, colleges and/or universities you have attended or are currently attending. **List the most recent schools first.** Include month and year of graduation.

Two-Year Colleges

1. _____
(School Name) (Address)

Attended from: _____ to: _____

Major: _____ Anticipated Graduation Date: _____

If currently enrolled, indicate year of attendance (1st, 2nd, etc.): _____

Degree Anticipated or Received: _____

2. _____
(School Name) (Address)

Attended from: _____ to: _____

Major: _____ Graduation Date: _____

Degree Received: _____

Four-Year Colleges (including five-year programs) – If previously attended

1. _____
(School Name) (Address)

Attended from: _____ to: _____

Major: _____ Graduation Date: _____

Current year of attendance (1st, 2nd, etc.): _____

Degree Anticipated: _____

2. _____
(School Name) (Address)

Attended from: _____ to: _____

Major: _____ Graduation Date: _____

Degree Received: _____

High School

1. _____
(School Name) (Address)

Graduation Date: _____

2. _____
(School Name) (Address)

Graduation Date: _____

Note: Provide a chronological history of your activities on a separate sheet of paper if NOT continuously enrolled in school since high school graduation. History should begin immediately after high school graduation until the present time. Include specific month, year and type of activity.

B. Specify current cumulative college Grade Point Average, and submit official transcript for all colleges attended.

Current Cumulative GPA: _____ 3, 4, 5 or 6 point scale: _____

C. Indicate extracurricular activities you have participated in. Specify high school or college. Indicate elected offices held, if any. Add additional sheets if necessary.

1. Student activities: _____

2. Societies/Organizations: _____

3. Community activities: _____

4. Athletics: _____

5. Hobbies: _____

6. Other: _____

III. EMPLOYMENT HISTORY

List below full-time, part-time, co-op or summer employment. Briefly explain duties and responsibilities, beginning with your most recent job. If part-time work, indicate number of hours per week. Add additional sheets if necessary.

1. From: _____ to: _____

Firm's Name and Type of Business: _____

Address: _____

Supervisor's Name, Title: _____

Telephone: (____) _____ Your Duties _____

2. From: _____ to: _____

Firm's Name and Type of Business: _____

Address: _____

Supervisor's Name, Title: _____

Telephone: (____) _____ Your Duties _____

3. From: _____ to: _____

Firm's Name and Type of Business: _____

Address: _____

Supervisor's Name, Title: _____

Telephone: (____) _____ Your Duties _____

4. From: _____ to: _____

Firm's Name and Type of Business: _____

Address: _____

Supervisor's Name, Title: _____

Telephone: (____) _____ Your Duties _____

IV. ESSAY

On a separate sheet of paper, in 300 words minimum, describe how your college curriculum or overall program relates to the bridge field (construction, design, materials, academics, or other) and what interests you in the field of bridge engineering.

V. APPLICATION SUBMISSION

Applicant is responsible for ensuring that all items listed below are submitted and postmarked by October 18, 2024:

- a) This completed and signed application, including essay.
- b) An official transcript of college grades, submitted by all colleges attended to the Scholarship Program address shown.
- c) Two completed Evaluation Forms as stated in the Scholarship Program Rules and Regulations.
- d) One completed Personal Reference Form as stated in the Scholarship Program Rules and Regulations.

NOTE TO APPLICANT: You have the sole responsibility to ensure that the application, all forms and transcripts are received by the Association of Bridge Construction and Design, Western New York Chapter, Scholarship Chairman at the address indicated on page 1 of this application.

Affidavit:

I state that all of the above information is truthful and correct to the best of my knowledge, and agree that the enclosed Scholarship Application and all attachments may be used for the purposes of scholarship award evaluation and selection by the Association for Bridge Construction and Design, Western New York Chapter.

Student Signature: _____ Date _____

EVALUATION FORM

EVALUATOR # 1 OF 2 REQUIRED

(TO BE COMPLETED BY EVALUATOR)

Name of Student: _____

Last

First

MI

Your name has been given as a reference by the above student who has applied for a scholarship from the Association for Bridge Construction and Design, Western New York Chapter, in a bridge related curriculum. Your evaluation is important to us in considering this application. Please complete this form (type or print using black ink) and mail to: **Austin Chudyk, PE at Popli Design Group, 555 Penfield Dr., Penfield, NY 14526, Attn: ABCD WNY 2024/25 Undergraduate Scholarship Program or email to achudyk@popligroup.com.**

Form must be postmarked/time stamped no later than October 18, 2024.

Name of Evaluator: _____ Phone Number: _____

Address: _____

Email Address: _____ Relationship to Applicant: _____

Nature and frequency of your contacts: _____

How long have you known the applicant? _____

Please rate each characteristic listed, using a scale of 0 to 10, with "0" being "Poor" and "10" being "Superior".

	Poor		Below Average			Average		Above Average		Superior	
RATINGS	0	1	2	3	4	5	6	7	8	9	10
ABILITY											
INITIATIVE											
LEADERSHIP											
COOPERATION											
DEPENDABILITY											
MATURITY											
COURTESY											

Please provide personal comments about the applicant to help our evaluation. Attach a separate sheet if desired.

I do hereby certify that I know the above named student and have fairly evaluated their traits as stated above.

Evaluator's Signature: _____ Date: _____

EVALUATION FORM

EVALUATOR # 2 OF 2 REQUIRED

(TO BE COMPLETED BY EVALUATOR)

Name of Student: _____

Last

First

MI

Your name has been given as a reference by the above student who has applied for a scholarship from the Association for Bridge Construction and Design, Western New York Chapter, in a bridge related curriculum. Your evaluation is important to us in considering this application. Please complete this form (type or print using black ink) and mail to: **Austin Chudyk, PE at Popli Design Group, 555 Penfield Dr., Penfield, NY 14526, Attn: ABCD WNY 2024/25 Undergraduate Scholarship Program or email to achudyk@popligroup.com.**

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MATURITY											
COURTESY											

Please provide personal comments about the applicant to help our evaluation. Attach a separate sheet if desired.

I do hereby certify that I know the above named student and have fairly evaluated their traits as stated above.

Evaluator's Signature: _____ Date: _____

PERSONAL REFERENCE FORM

(TO BE COMPLETED BY REFERENCE)

Name of Student: _____

Last

First

MI

Your name has been given as a reference by the above student who has applied for a scholarship from the Association for Bridge Construction and Design, Western New York Chapter, in a bridge related curriculum. Your reference is important to us in considering this application. Please complete this form (type or print using black ink) and mail to: **Austin Chudyk, PE at Popli Design Group, 555 Penbrooke Dr., Penfield, NY 14526, Attn: ABCD WNY 2024/25 Undergraduate Scholarship Program or email to esmith@fisherassoc.com.**

Form must be postmarked/time stamped no later than October 18, 2024.

Name of Reference: _____ **Phone Number:** _____

Address: _____

Email Address: _____ **Relationship to Applicant:** _____

Nature and frequency of your contacts: _____

How long have you known the applicant? _____

Please rate each characteristic listed, using a scale of 0 to 10, with "0" being "Poor" and "10" being "Superior".

	Poor		Below Average			Average		Above Average		Superior	
RATINGS	0	1	2	3	4	5	6	7	8	9	10
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I do hereby certify that I know the above named student and have fairly evaluated their traits as stated above.

Reference's Signature: _____ **Date:** _____