



# 2025-2026 BLD CONNECTION MID-AMERICA SCHOLARSHIP APPLICATION

**DEADLINE: MARCH 1, 2025**

## ELIGIBILITY REQUIREMENT:

- Applicant must be a family member of an owner or employee of a BLD Connection retail lumber yard member or child of a contractor customer of a BLD Connection member in Arkansas, Kansas, or Missouri.
- Applicant must be a high-school senior or college student seeking an education (2-year or 4-year college or other post-secondary schooling) in the construction and/or building materials industry, or a member sponsored student seeking to continue their education in a business management/administration program with the intention and/or desire to return to the lumber yard or building material operation following graduation.
- Students must be sponsored by a member dealer in Arkansas, Kansas, or Missouri.
- A GPA of 3.0 or better is required.

## PERSONAL INFORMATION

Applicants Name:	
Address:	City/State/Zip:
Email: <i>Do not use school email.</i>	
Telephone #:	Applicants Date of Birth
Current or future college you attend or will attend:	
Planned course of study/major:	
How are you affiliated with the building materials industry?	

**Along with the completed application form, the applicant must include:**

- A copy of the acceptance letter from the college they plan to attend, or the most recent transcript, if currently enrolled.
- Certification/Statement from Counselor or Advisor
- A letter of recommendation from a lumberyard owner/manager

## FINANCIAL INFORMATION

1. How much can you contribute to your education per year? \_\_\_\_\_
2. How much is your family able to contribute per year? \_\_\_\_\_
3. Are you currently employed?  Yes  No If yes, where? \_\_\_\_\_
4. Do you plan to be employed while in school?  Yes  No If yes, where? \_\_\_\_\_

5. Please complete the estimated budget below based on cost per year.

EXPENSES PER YEAR	REVENUE PER YEAR
Tuition & Fees:	Savings/Assets:
Books & Supplies:	Money From Others:
Room/Rent:	Part-Time Job:
Board/Meals:	Scholarship/Grants:
<b>Total Expenses:</b>	<b>Total Revenue:</b>



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6. Please list all other scholarships, awards, loans, grants, or financial aid you will receive for the upcoming school year.

NAME OF SCHOLARSHIP/GRANT	VALUE

**EXPERIENCE AND ACTIVITIES**

List your work experience:

COMPANY	PHONE #	LENGTH OF EMPLOYMENT	SUPERVISOR

List your involvement and awards in school, community, and other extracurricular activities.

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**EDUCATIONAL AND CAREER GOALS**

Please explain your educational and career goals, as well as any work experience or activities that relate to those goals.

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LUMBER INDUSTRY VISION

Please summarize your thoughts on the future of the independent lumber industry and how you will play a part in that vision:

Horizontal lines for writing the vision statement.

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

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Keep a copy of the application and forms for your records. If you do not receive an email confirming receipt of your application from the BLD Connection office before March 1, please contact the BLD office using the contact information below.

ATTN: LUMBERYARD OWNER/MANAGER

Please attach a letter of recommendation for the student you are sponsoring and include any information that you feel may be of assistance to the selection committee.

Form with fields for Owner's/Manager's Signature, Business Name, Address, City/State/Zip, Email, and Phone #.



Return completed application by March 1, 2025

BLD Connection
Attn: Connie Johnson
10700 Old County Road 15, Suite 200, Plymouth, MN 55441
Phone: (763) 595-4045
Fax: (763) 595-4060
Email: Connie@bldconnection.org

INCOMPLETE APPLICATIONS ARE DISQUALIFIED FROM CONSIDERATION.



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COUNSELOR OR ADVISOR TO COMPLETE THIS SECTION

Applicants Name: \_\_\_\_\_

This is to certify that \_\_\_\_\_ ranks \_\_\_\_\_ out of \_\_\_\_\_ students
name
in class on \_\_\_\_/\_\_\_\_/\_\_\_\_\_, has a cumulative GPA of \_\_\_\_\_ on a 4.0 scale, and has a
date
composite ACT/SAT score of \_\_\_\_\_.

Please include any information that you feel might be of assistance to the selection committee below.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Counselor/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name : \_\_\_\_\_



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