

smmaFund

APPLICATION FORM

The SMMAFund Scholarship Program reflects SMMA's commitment to the communities it serves, demonstrates SMMA's belief in higher education, and supports the design professions. The program provides financial assistance to high school seniors in the form of scholarships awarded for their continued education in a field of design that contributes to the built environment. **Eligible applicants must plan to enroll in an accredited, not-for-profit, educational institution in the United States to pursue study in Architecture, Landscape Architecture, Interior Design, or one of the following engineering disciplines: HVAC, Electrical, Plumbing, Fire Protection, Structural, or Civil.**

To apply, please **complete this form and submit it by Friday, March 21, 2025** by email to hmccormack@smma.com or by mail to: SMMA, 1000 Massachusetts Avenue, Cambridge, MA 02138, Attention: Heather McCormack.

YOUR BACKGROUND

Name:

Address:

City/State/Zip:

Phone No.:

Email Address:

High School you are attending:

Name of Superintendent:

Anticipated graduation date:

Cumulative high school GPA:

1. Describe your school/sports activities (identify roles and accomplishments, and include dates).

2. Describe your community service/volunteer activities (identify roles and accomplishments, and include dates).

3. Describe any work you performed for pay (identify responsibilities and accomplishments).

YOUR PLANS

4. Provide the name and location of the college or university you will attend, and the date you will begin.

5. What are your educational and career goals related to **architecture, landscape architecture, interior design, or engineering?** (300 words or less)

6. What excites or interests you most about the prospect of helping to create the built environment?
(300 words or less)

WHY THIS SCHOLARSHIP

7. Please tell us why this scholarship is important to you (250 words or less).

YOUR REFERENCES

Please provide the names of two people, neither family nor personal friends, who will provide recommendations for you. Please see the **SMMA Fund Recommendation Form**.

Name/Relationship:

Name/Relationship:

YOUR HIGH SCHOOL TRANSCRIPT

Please ask your school to provide your high school transcript directly to **SMMA by Friday, March 21, 2025**.

Request that your school send your **official transcript** to the following address:

SMMA
1000 Massachusetts Avenue
Cambridge, MA 02138
Attention: Heather McCormack

APPLICANT'S CHECK LIST

I read the description of the SMMA Fund Scholarship Program

I completed the Application Form

At least 30 days prior to due date, I requested Recommendation Forms from two people and provided them with a copy of the SMMA Fund Recommendation Form to be filled and sent to SMMA by **Friday, March 21, 2025**.

At least 30 days prior to the due date, I requested an **official transcript** from my high school be sent directly to SMMA.

Please sign the following release so that SMMA may access and/or confirm information if necessary.

I authorize the SMMA Fund Scholarship Committee to review my application materials for this scholarship program and release academic and other pertinent information needed to determine my eligibility and qualifications.

Signature:

Date: