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| --- | --- |
| **Application** | 2019 Building Safety Month  Scholarship Essay Contest |
| Complete application and submit with essay. Essays must be 1,000 words or less, clearly labeled with entrant’s name, home address, phone number, and email address as well as the name, address, and phone number of the high school or higher education institution in the upper right hand corner of the submission. Each page should be numbered in the lower left hand corner. | |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School or College currently enrolled in : | |  | |
| Address: |  | |  |
|  | *Street Address* | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

## 

## Disclaimer and Signature

I understand that all submissions become the property of the Department of Housing and Community Development and will not be returned.

I, and my parent(s) or legal guardian (if under the age of 18) understand that if I am the scholarship recipient I agree to the use of my name and/or image, and entry in any form for publicity or trade purposes by DHCD, VBCOA, or VPMIA without additional compensation.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |
|  |  |  |  |
| Parent or Guardian Signature: |  | Date: |  |

Send completed application and essay to (email preferred):

VA Department of Housing and Community Development

Building Code Safety Month Essay Contest

Attn: Rishaunda Robinson

600 East Main Street, Suite 300

Richmond, VA 23219

[Rishaunda.robinson@dhcd.virginia.gov](mailto:Rishaunda.robinson@dhcd.virginia.gov)