



L. G. EVERIST, INC.

350 S. MAIN AVE., SUITE 400
SIOUX FALLS, SD 57104
605.334.5000
WWW.LGEVERIST.COM

SCHOLARSHIP APPLICATION

Applicant information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail Address: _____

Parent(s) or Guardian(s) Names: _____

High School: _____

Relationship to L. G. Everist, Inc. team member:

Employee Name: _____

Plant Employee Works: _____

School you are (or will be) attending:

School Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Planned or Area of Study: _____

Other scholarships awarded and amount:

1. _____

2. _____

3. _____



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Total amount of scholarships awarded: _____ Total estimated yearly cost: _____

Do you contribute to your own education? _____

- Please briefly explain how you plan to utilize your degree in the aggregate, construction management, or mining fields:

I hereby certify that the statements herein are true and correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

We have read and approved this form. To the best of our knowledge, the information is complete and correct.

Send Applications To:
L. G. Everist, Inc.
Attention: Scholarship Program
350 S. Main Avenue Suite 400
Sioux Falls, SD 57104