

IRWA Chapter 74 – Bluebonnet Higher Education Scholarship Application

Applicant Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ E-Mail _____

Criteria:

1. Applicant is an IRWA Chapter 74 member or has referral/sponsor from Chapter 74 member.
2. Applicant must be in good academic standing.
3. Applicant must be enrolled as a college or graduate level student (or other professional school) or be a high school student accepted and enrolled as a college level student. High school students taking dual college credit classes do not qualify.
4. Application must be filled out completely and include the required supporting documentation.
5. Application must be received by the published deadline.

Student Status:

() Full-Time or () Part-Time

() IRWA Chapter 74 Member, or () Sponsor/Referral of an IRWA Chapter 74 member.

Sponsor/Referral Name _____ Relationship _____
School Where Accepted or Attending _____ Location _____
Intended Major _____ Area of Specialization _____
Total Credits Required for Degree _____ Credits Completed _____
Current Course Load (hours/credits) _____

Submission Packet (Required Elements)

1. Completed and signed application.
2. Transcript of all credit courses taken beyond high school.
3. High school transcript (if less than one year of study completed beyond HS).
4. One letter of recommendation (additional letters optional).
5. A current photograph (headshot preferred).
6. A one or two page essay including biography, goals, and their relevance to the right of way industry.

Instructions:

Submit completed packet to the Chapter 74 Scholarship Committee Chair, Tori Spears, via email at tori.spears@cbre.com, no later than 5:00 p.m. on **October 31, 2026**.

Applicant Affirmation:

I hereby apply for the IRWA Chapter 74 – Bluebonnet Higher Education Scholarship and agree to comply with all terms. I also agree to allow publication of my name, photo, and biography.
I certify all information is true and correct.

Signature of Applicant _____ Date _____

Signature of Sponsor/Referral: _____ Date _____