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## AMERICAN SOCIETY OF HIGHWAY ENGINEERS 2026 National Scholarship Program

The **National Scholarship Foundation** (a 501(c)(3) organization) was established to provide scholarships to students who show exceptional leadership, character and interest in the Civil Engineering field.

### Eligibility

#### Applicants must:

1. Attend college within a State where there is an ASHE Section. Provide evidence of enrollment.
2. Be currently enrolled full-time in an undergraduate program at an Accreditation Board for Engineering and Technology (ABET) college / university.
3. Enrolled in a Civil Engineering program.
4. Past recipients will not be eligible.

### Evaluation Criteria

Final selection of the scholarship winners will be decided by a selected scholarship advisory committee based on the following criteria:

- ✓ **25% - Letter of Recommendation:** Each applicant must submit **one recent (within the last 6 months) letter of recommendation**, from someone familiar with the applicant's educational and career goals or from someone in the community (such as an employer, clergy, Boy or Girl Scout leader). The recommendation cannot be from a relative.
- ✓ **30% Application Essay** - Each applicant must submit the required essay for the topic shown on page 3 of 4.
- ✓ **20% - Extracurricular Activities** or achievements, Community Service/ Volunteering
- ✓ **15% - College Transcript**
- ✓ **5% - Student ASHE member** OR participation/volunteering at ASHE events/meetings.
- ✓ **5% - Complete Application package** in single PDF file (Page 2, 3, 4 of application form; Resume, and Letter of Recommendation)

Complete application in a single PDF format **Due by: April 15, 2026**

Submit via email to: **Glen Kartalis, Committee Chair at**  
[ashescholarshipfoundation@ashe.pro](mailto:ashescholarshipfoundation@ashe.pro)

The Recipient(s) will be notified in advance of the 2026 ASHE National Conference held in Washington D.C. where the winner will be announced Saturday May 30, 2026.

The Scholarship Check will be made payable to the recipient's name and presented during the Scholarship Awards. The number and amount of scholarships will be determined by the ASHE National Scholarship Committee. Recipients who interrupt their studies during the academic year for which the scholarship is awarded shall forfeit the scholarship. Exceptions are given for military or medical reasons.

**For more information or to complete the form online visit: [ASHE.pro](https://www.ashe.org/pro)**



## 2026 Scholarship Application Form

### Student Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Current Cumulative Grade Point Average \_\_\_\_\_

Please briefly describe your participation in the following:

**Extracurricular Activities / Work Experience:** *(Answer in the space provided **OR** use an additional 8 1/2" X 11" sheet of paper if necessary)*

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**Community Service:** *(Answer in the space provided **OR** use an additional 8 1/2" X 11" sheet of paper if necessary)*

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**Please list any honors or awards you have received:** *(Answer in the space provided **OR** use an additional 8 1/2" X 11" sheet of paper if necessary)*

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**Include a resume with this application\***



## College Authority Recommendation Form

Please submit this Form by **April 15, 2026** as part of the application package.

### Office Use Only

Approve:

\_\_\_\_\_

Disapprove:

\_\_\_\_\_

### Student (ID & Signature)

Student College ID Number \_\_\_\_\_

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

Remarks: \_\_\_\_\_ -

\_\_\_\_\_

### College/University Authority Recommendation: (To be signed by College Professor/Advisor)

I hereby certify that the applicant for the scholarship is currently registered at our college as full time in the undergraduate program.

Applicant is currently in (please check one)

Freshman \_\_\_\_\_, sophomore \_\_\_\_\_, junior \_\_\_\_\_, senior \_\_\_\_\_

None of the above \_\_\_\_\_

Name: \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Name of College: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ -

\_\_\_\_\_

*This form needs to be submitted along with the application.*