## Deadline – Must be received no later than April 1st at letterhead address

Club Madeirense S. S. Sacramento Charitable Foundation, Inc. 50 Madeira Ave, New Bedford, MA 02746
Telephone (508) 992-6911 Fax (508) 992-5382 Email: <a href="mailto:clubesss.scholarship@comcast.net">clubesss.scholarship@comcast.net</a>

## APPLICATION FOR SCHOLARSHIP

- This application must contain accurate and detailed information and MUST be accompanied by an official transcript of scholastic record, including your most recent class rank and S.A.T. scores.
- Please enclose one letter of recommendation from your guidance counselor or teacher of a major subject.
- Eligibility: Graduating senior seeking an undergraduate or associate degree from an accredited college or university.

  Graduating senior seeking a certificate of completion from an accredited trade school.
- Each question or request for information <u>must</u> be answered accurately and completely only in the space provided.
   Failure to do so will result in disqualification.
- Scholarships of \$1000.00 to each selected winner will be awarded upon completion of their first semester. Official grades must be submitted to verify that a student has maintained a 2.0 grade point average.

SCHOLARSHIP YOU ARE APPLYING (ONLY SELECT ONE)									
O Open Category: Available to all candidates									
O Portuguese Category: Available to Portuguese descendant candidates									
O Madeiran Heritage Category: Available to Madeiran descendant candidates									
APPLICANT'S INFORMATION (PLEA	SE PRINT (	CLEARLY)							
Name in full:	Telephone Number ()								
Home Address:		City:		State	Zip				
	Place of Birth								
School Now Attending:		Scho	ool Location, City	/State:					
FAMILY INFORMATION									
Fathers Name:		Age:	Place of Bir	th:					
Address:		City:		State:	_Zip:				
Occupation:	_ Employer	::		Annual Income	·				
Mothers Name:		Age:	Place of Birt	h:					
Address:		City:		State:	_Zip:				
Occupation:	_ Employer	r:		Annual Income	:				
Single brothers and sisters living at hom	e under 18	years of age or stil	l in school and ar	e parent's depen	dant (under 25)				
(Name)	(Age)	(School)							
EDUCATION / COSTS									
V. 6.11. 4				**	. 10				
Your College choices 1									
Total value of scholarships you have receive				Have you be	en accepted:				
REFERENCES	_								
List three (3) references who have known yo	ond your n	parants for at least th	raa yaara Evaluda	ralativas					
(Name)	• •	2)	nee years. Exclude						
(**************************************	(* 1515)								
IF CLAIMING TO BE A RELATIVE OF	AN ACTIV	E CLUB MEMBE	R, complete below	, otherwise leave	blank				
Club relative must be either your father, brother, grandfather, or uncle. 'Great' grandfather of 'great' uncle does not qualify									
a) Name and address of active member. If deceased, give last known address:									
Name:									
b) Signature of club member required:				_ Keiationship:					

If deceased member, give name: \_

\_ Year died: \_\_\_\_\_ Relationship: \_

EXTRA CURRICULAR ACT	IVITIES		
List extra curricular activities yo	ou are or have been involved in:		
EMPLOYMENT			
List your current and past three	employers:		
Employer Name	Employment Dates	Hourly Wage	Number of hours per week
ABOUT YOUR PLANS			
	owing questions in the space prov	rided.	
What are your career objectives	and the reasons for your choice?		
Why an education is important to	to you and what contributions do yo	ou see yourself making to so	ociety or your community?
AFFADAVIT			
I hereby authorize the Club Mad decision on my application with	deirense S. S. Sacramento, Inc. Sch my school guidance counselor.	olarship Committee to revie	ew information pertinent to their
Applicant Signature:		Date:	
Parent/Guardian Signature:		Date:	
RANK/TEST SCORES			
	Y THE SCHOOL GUIDAN	ICE DEPARTMENT	
Class Rank Number:	Class Total Size	:	
	Math: Total:		
Guidance Counselor Signature:		Date	2:
IMPORTANT!!!			
Selection of winn	ers by the Club Madeirense S. S.	Sacramento's Scholarshi	p Committee will be final.

>>>> WINNERS (from 3 categories) will be awarded \$1,000 each upon completion of their first semester of college

Failure to complete this application accurately will be reason for disqualification.

## MAILING ADDRESS