

DEADLINE - MUST BE RECEIVED NO LATER THAN APRIL 1ST

Clube Madeirense S. S. Sacramento, Inc.
Attn: Vocational Award Committee
88 Tinkham Street, New Bedford, MA 02746
Telephone (508) 992-6911 Fax (508) 992-5382 Email: correspondence@clubesss.org

**APPLICATION FOR VOCATIONAL AWARD
(Offered to students entering their trade after High School)**

- Awards of \$1,000.00 to each recipient will be given upon the completion of the following requirements:
 - Must be accompanied by an *official* transcript of scholastic record.
 - Must be accompanied by a letter of recommendation from a senior shop teacher.
 - Must be accompanied by a personal letter from the applicant.
 - Must contain accurate, complete, and detailed information.
 - Completion and proof of 13 weeks of employment in a trade or Co-Op.

APPLICANT'S INFORMATION (PLEASE PRINT CLEARLY)

Name in Full: _____ Telephone Number (____) _____
 Home Address: _____ City: _____ State _____ Zip _____
 Place of Birth: _____ Date of Birth: _____
 School Now Attending: _____ School Location, City/State: _____
 Email Address: _____

FAMILY INFORMATION (WHERE APPLICABLE)

Father's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Occupation: _____ Employer: _____ Annual Income: _____
 Mother's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Occupation: _____ Employer: _____ Annual Income: _____

Single brothers/sisters living at home under 18 years of age or still in school, and are parent(s) dependent (under 25)

Name	Age	School

OCCUPATION / COSTS

Your Trade Choice: _____ Estimated Equipment Cost: _____ Are You in a Co-Op? _____

REFERENCES

List three (3) references who have known you and your parents for at least three years. Please exclude relatives:

Name	Address

IF CLAIMING TO BE A RELATIVE OF AN ACTIVE CLUB MEMBER, complete below, otherwise leave blank

- a) Name and address of active member. If deceased, give the last known address:
Name: _____ Address: _____ City/State: _____
- b) Club ID#: _____ Relationship: _____
- c) If deceased member, give name: _____ Year died: _____ Relationship: _____

EXTRA CURRICULAR ACTIVITIES

List extracurricular activities you are or have been involved in:

EMPLOYMENT

List your current or past employer(s): (Limit 3)

Employment Name	Employment Dates	Hourly Wage	Number of Hours Worked per week

ABOUT YOUR PLANS

Limit your answers to the following questions in the space provided.

What are your career objectives and the reasons for your choice?

What significant challenges and/or problems do you anticipate in your career?

AFFIDAVIT

I hereby authorize the Clube Madeirense S. S. Sacramento, Inc. Vocational Award Committee to review information pertinent to their decision on my application with my school Senior Shop Teacher.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IMPORTANT!!!

Selection of awards by the Clube Madeirense S. S. Sacramento's Vocational Award Committee will be final. Recipients will receive a \$1,000.00 award upon completion and proof of 13 weeks of employment in a trade or Co-Op.

Failure to complete this application will result in disqualification.

MAILING ADDRESS

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