

SOUTHERN CALIFORNIA FROZEN & REFRIGERATED FOODS COUNCIL FOUNDATION CONFIDENTIAL SCHOLARSHIP APPLICATION FORM 2022

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be notified by email by 5/31/22. Please contact us at 909-721-1173 or info@scfrc.org with any questions.

Email your complete scholarship application along with all attachments to info@scfrc.org by May 1, 2022

Scholarship Criteria: Eligible students shall:

- (a) be currently enrolled in college and have completed a minimum of 15 college credits
- (b) be of good academic standing with a cumulative grade point average of 2.8 or higher
- (c) be an active SCFRC member in good standing for at least 6 months or an immediate family member (spouse or child)

Note: SCFRC scholarship selection committee members and their immediate family members are not eligible to apply for scholarship funds.

In order for your application to be considered complete, you must include the following documents:

1. **SCFRC application form** - complete all questions and sign the application.
2. **Essay (250-500 words typed)** – choose from the following topics:
 - *What are your academic and/or career goals? Where do you see yourself 10 years from now?*
 - *What was your biggest challenge (personal or professional) and what did you learn from it?*
3. **Official Transcripts**
4. **Resume** - provide a one page resume attached to your application that includes the following applicable information:
 - Honors/Awards/Scholarships received
 - Leadership Experience
 - Work Experience
 - Extracurricular Activities (include clubs, sports, etc.)
 - Community Service

A. STUDENT INFORMATION

1. Student's Name: _____ Date of Birth: _____
2. Legal Permanent Address: _____
3. City, State, Zip: _____
4. Mailing Address (if different from above): _____
5. Telephone (Home): (____) _____ (Cell): (____) _____
6. Student ID #: _____ Student E-mail: _____

B. FAMILY INFORMATION:

Complete this section (*answer every question*) if you are listed as a dependent on the tax return of your parent(s).

1. Who do you live with? (select all that apply) mother father other _____
2. Father's Name _____ Occupation _____
3. Father's Address _____
4. Father's Employer (name, city, state) _____
5. Mother's Name _____ Occupation _____
6. Mother's Address _____
7. Mother's Employer (name, city, state) _____

C. STUDENT'S WORK HISTORY:

1. Are you presently employed: Full-time Part-time No job at this time
2. Name of your present employer: _____
3. Tel. No. _____ Length of Employment _____
4. Hourly rate/salary: _____ Duties: _____

5. Will you work this summer: Full Time Part Time No

D. SCFRC MEMBER INFORMATION: IN ORDER TO BE CONSIDERED FOR A SCFRC SCHOLARSHIP, APPLICANT MUST BE A SCFRC MEMBER IN GOOD STANDING FOR AT LEAST 6 MONTHS (OR AN IMMEDIATE FAMILY MEMBER, I.E. SPOUSE OR CHILD) AND MEMBER MUST HAVE ATTENDED OR SPONSORED SOMEONE TO ATTEND AN SCFRC EVENT IN THE PAST 12 MONTHS

Who is the SCFRC Member (check box):

- Applicant Applicant's Mother Applicant's Father
Applicant's Spouse

Member Name: _____

Member Company: _____ Email: _____

E. COLLEGE INFORMATION:

1. Name and address of college that you will be attending next Fall:

2. I plan to be a full-time student part-time student

F. CERTIFICATION:

I/We hereby declare that the foregoing statements, to the best of our belief, are correct.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____
(Parent or Guardian Signature is required if applicant is under 18)

Every question must be answered. Incomplete applications will not be considered. Please note that this year we are only accepting applications that are emailed.

All applications must be emailed to info@scfrc.org by May 1, 2022.

Scholarship winners will be notified by email by 5/31/22.

Go to www.scfrc.org if you need a copy of the guidelines and all required scholarship forms.