

# SOUTHERN CALIFORNIA FROZEN & REFRIGERATED FOODS COUNCIL FOUNDATION CONFIDENTIAL SCHOLARSHIP APPLICATION FORM 2024

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be announced at our Foundation Golf Tournament on 6/04/24 and notified by email by 6/15/24. 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, 2024

#### 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 3.0 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) using the following topic:

• Upon completing college, how will you use your education to give back to and improve your community

#### 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:                          |                 |
|    | 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 depen | ndent on the tax return of your parent(s) |  |  |  |  |  |
|----|---|---------------------------|---|--|--|--|--|--|
| 1. | Who do you live with? (select all that apply)   | □mother □father           | Dother                                    |  |  |  |  |  |
| 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. | <u>STUDENT'S WORK HISTORY:</u>  |                           |   |  |  |  |  |  |
| 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  Par  | rt 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). |                           |   |  |  |  |  |  |
|    | Who is the SCFRC Member (check box):  |                           |   |  |  |  |  |  |
|    | □Applicant □Applica   | nt's Mother               | □Applicant's Father                       |  |  |  |  |  |
|    | □Applicant's Spouse   |                           |   |  |  |  |  |  |
|    | Member Name:  |                           |   |  |  |  |  |  |
|    | Member Company:Email:   |                           |   |  |  |  |  |  |
|    |   |                           |   |  |  |  |  |  |
| E. | COLLEGE INFORMATION:  |                           |   |  |  |  |  |  |
| 1. |   |                           |   |  |  |  |  |  |
|    |   |                           |   |  |  |  |  |  |
|    |   |                           |   |  |  |  |  |  |
|    |   |                           |   |  |  |  |  |  |
|    |   |                           |   |  |  |  |  |  |
| 2. | I plan to be a □ full-time student □ part-t   | ime student               |   |  |  |  |  |  |

## F. <u>CERTIFICATION:</u>

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

| Signature of Applicant          | <br>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 we are only accepting applications that are emailed.

## All applications must be emailed to info@scfrc.org by May 1, 2024.

Scholarship winners will be announced at our Foundation Golf Tournament on 6/04/24 and notified by email by 6/15/24.

Go to <u>www.scfrc.org</u> for a copy of the guidelines and all required scholarship forms.