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: clubesss.scholarship@comcast.net

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. <u>Failure to do so will result in disqualification</u>.
- 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 ON			
O Open Category: Available to all can O Portuguese Category: Available to P O Madeiran Heritage Category: Availa	ortuguese descendant	candidates		
APPLICANT'S INFORMATION (PLEAS	E PRINT CLEARL			
Name in full:	City:		State	Zip
		School Location,		
FAMILY INFORMATION				· · · · · · · · · · · · · · · · · · ·
Fathers Name:		Age: Place o	of Rirth:	
Address:	City:	2 1100 0	State:	7in:
Occupation:	Employer:		Annual Incom	me:
Mothers Name:	A	ige: Place o	f Birth:	
Address.	City:		State	7:
Occupation:	Employer:		Annual Incom	ma:
Single brothers and sisters living at home	under 18 years of ag	e or still in school a	nd are parent's den	pendant (under 25)
	(Age) (School)		/	(under 25)
and the second s			(6)	
	La Carte de			
EDUCATION / COSTS				
Your College choices 1 2 Total value of scholarships you have received to	Estimated	first year cost	Have you Have you	been accepted?

t three (3) references who have known y	(Address)	h is B		
lame)	(Address)			
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		Marin Colonia		157
CLAIMING TO BE A RELATIVE O	F AN ACTIVE C	LUB MEMBER, complete	below, otherwise leave l	olank
ub relative must be either your father, br	other, grandfather,	or uncle. 'Great' grandfathe	er of 'great' uncle does not	qualify
Name and address of active member.				1
ame:	Address:		City/State:	Ϋ
Signature of club member required:		Club ID#: _	Relationship:	
If deceased member, give name:	1	Year died:	Relationship:	
EXTRA CURRICULAR A CHANGE				
EXTRA CURRICULAR ACTIVITIES				
List extra curricular activities you are or	nave been involve	d in:	¥.	
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		(i)		,
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Applicant Signature:		Date:		
Parent/Guardian Signature:				,
RANK/TEST SCORES			The contract of the contract o	
Class Rank Number:S.A.T.Scores: Verbal:	Math:	Total:		3 - "
	H		Date:	
Guidance Counselor Signature: IMPORTANT!!!			Date:	, a)

Clube Madeirense S. S. Sacramento, Inc. Scholarship Committee 50 Madeira Avenue New Bedford, MA 02746

Revised January 2015