

**Deadline – Must be received no later than April 1<sup>st</sup> 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](mailto: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 **must** 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)

- Open Category: Available to all candidates
- Portuguese Category: Available to Portuguese descendant candidates
- Madeiran Heritage Category: Available to Madeiran descendant candidates

### APPLICANT'S INFORMATION (PLEASE PRINT CLEARLY)

Name in full: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Email \_\_\_\_\_

School Now Attending: \_\_\_\_\_ School Location, City/State: \_\_\_\_\_

### FAMILY INFORMATION

Fathers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

(Name)	(Age)	(School)

### EDUCATION / COSTS

Your College choices 1. \_\_\_\_\_ Estimated first year cost \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

2. \_\_\_\_\_ Estimated first year cost \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Total value of scholarships you have received to date: \_\_\_\_\_



**AFFADAVIT**

I hereby authorize the Club Madeirense S. S. Sacramento, Inc. Scholarship Committee to review information pertinent to their decision on my application with my school guidance counselor.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RANK/TEST SCORES**

**TO BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT**

Class Rank Number: \_\_\_\_\_ Class Total Size: \_\_\_\_\_

S.A.T.Scores: Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Total: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT!!!**

Selection of winners by the Club Madeirense S. S. Sacramento's Scholarship 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**

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

Revised January 2015