

Deadline – Must be received no later than April 30th at letterhead address

Clube Madeirense S. S. Sacramento, Inc.

Vocational Award Committee

50 Madeira Ave, New Bedford, MA 02746

Telephone (508) 992-6911 Fax (508) 992-5382 Email: clubesssvocationalaward@comcast.net

APPLICATION FOR VOCATIONAL AWARD

Must contain accurate, complete and detailed information.

Must be accompanied by an *official* transcript of scholastic record

Must be accompanied by a letter of recommendation from a guidance counselor *and* a senior shop teacher.

Must be accompanied by a personal letter of applicant.

Scholarships of \$500.00 to each selected winner will be awarded upon the completion of the following requirement:

- o Completion and proof of 13 weeks of employment in a trade or Co-Op.

SCHOLARSHIP YOU ARE APPLYING (ONLY SELECT ONE)

- o Open Category: Available to all candidates
- o Portuguese Category: Available to candidates of Portuguese descent.
- o Club Member/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: _____

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

(Name)	(Age)	(School)

OCCUPATION / COSTS

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

REFERENCES

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

(Name)	(Date)

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

Club Relative must be either your father, brother, grandfather, or uncle. 'Great' grandfather of 'great' uncle does not qualify

- a) Name and address of active member. If deceased, give last known address:

Name: _____ Address: _____ City/State: _____

- b) Signature of club member required: _____ 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)

Activity	Frequency	Number of hours 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?

[illegible]

What major 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 guidance counselor.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RANK/TEST SCORES

TO BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT

Shop and Related Grades: Shop: _____ Related: _____ Total: _____

Guidance Counselor Signature: _____ Date: _____

IMPORTANT!!

Selection of awards by the Clube Madeirense S. S. Sacramento's Vocational Award Committee will be final.

WINNERS will be awarded \$500 each upon completion and proof of 13 weeks of employment in a trade or Co-Op

Failure to complete this application accurately will be reason for disqualification.

MAILING ADDRESS

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