

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

Club Madeirense S. S. Sacramento, Inc.
Vocational Award Committee
50 Madeira Ave, New Bedford, MA 02746
Telephone (508) 992-6911 Fax (508) 992-5382 Email: clubesss@comcast.net

APPLICATION FOR VOCATIONAL AWARD

- This application must contain accurate and detailed information and **MUST** be accompanied by an *official* transcript of scholastic record.
- Please enclose one letter of recommendation from your guidance counselor and senior shop teacher.
- Eligibility: Graduating senior seeking an occupation in your shop or 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 \$500.00 to each selected winner will be awarded upon graduation.

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: _____
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 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. Exclude relatives:

(Name)	(Address)

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 and past three employers:

Employer Name	Employment Dates	Hourly Wage	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?

What major challenges and or problems do you anticipate in your career?

AFFIDAVIT

I hereby authorize the Club 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

Class Rank Number: _____ Class Total Size: _____

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

Guidance Counselor Signature: _____ Date: _____

IMPORTANT!!!

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

>>>> WINNERS (from 3 categories) will be awarded \$500 each upon graduation <<<<<

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

MAILING ADDRESS

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