

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 **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: _____

Why an education is important to you and what contributions do you see yourself making to society or your community?

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