

Sisters of Union Laborers'
(S.O.U.L.)

SCHOLARSHIP AWARD APPLICATION

Must Be Returned

By

MARCH 31, 2020

SCHOLARSHIP AWARD APPLICATION

MUST BE RECEIVED BY MARCH 31, 2020

Applicant's Name: _____
Last Name First Name Middle Name

Address: _____
Street or PO Box City Zip Phone Number

Social Security Number: _____ **Date of Birth:** _____ **Age:** _____

Father's Name: _____ **Living:** _____ **Working:** _____

Mother's Name: _____ **Living:** _____ **Working:** _____

Check one Applicable: Parent/Guardian:

Member Laborers' Union, Local No: _____

In Construction Management, Employed By: _____

Number in Family: _____ **Applicant's Income this Year:** _____

Selected for Enrollment at: _____ **Term:** Fall / Spring **Year:** _____
(Name of) College or University

Attending or Have Attended: _____
(Name of) High School / College

Years Attended High School / College

Last Year Attended High School / College

On a Separate Sheet List High School & College Activities or Any Special Recognition Received

Are you being Considered For, or Have you Been Awarded, A Scholarship for the Coming School Year From Any Other Agency, Organization, or School? Yes _____ No _____

The following Supporting Documents are Required:

- An Admission Confirmation From your college or university
- A Recommendation From Your School Advisor or a Resume of Your Personality Traits
- Your Parents/Guardians Confidential Statement, Attached with a signed copy of their latest federal income tax return.

I certify that all information in this application is accurate and true. I understand that any information given falsely will disqualify my application.

Signed: _____

Exhibit A

SCHOLARSHIP AWARD PROGRAM – PARENTS’ CONFIDENTIAL STATEMENT

Applicant’s Name: _____
Last Name First Name Middle Name

Father’s Name: _____
Living: _____ Working: _____

Father’s Occupation: _____

Mother’s Name: _____
Living: _____ Working: _____

Mother’s Occupation: _____

Guardian’s Name (If applicable): _____

Address: _____
Street or PO Box City Zip Phone Number

Estimated Family Income Last 12 Months: _____
Estimated Expenses Next 12 Months: _____
Do you have a Bank Account Yes _____ No _____

Rent Home _____ **Monthly Payment:** _____

Own Home _____ **Purchase Price:** _____ **Monthly Payment:** _____

Number In Family: _____ **Number at Home:** _____ **Number at Home Working:** _____

List Family Cars Owned: _____
Year/Make/Model Year/Make/Model Year/Make/Model

List Other Investments: _____

List Any Major Indebtedness: _____

Child Support Received During the Past Year: _____

Child Support Payment Made During the Past Year: _____

Investment Income During the Past Year: _____

We declare that information reported on this form to the best of our knowledge is true, correct, and complete. A true signed copy of our latest federal income tax return is attached.

Signatures Of: _____
Parents or Guardian

Exhibit B

STUDENT

Complete this section and give form to your high school counselor

NAME HOME ADDRESS
Last Name First Middle Street and Number City State

BIRTH DATE SOCIAL SECURITY NO.

HIGH SCHOOL COUNSELOR:

Use of your standard transcript and recommendation form is acceptable. Whether or not you use this form in its entirety, PLEASE COMPLETE THE INFORMATION REQUESTED IN THIS BOX and return with other credentials to:
 Office of Admissions

High School Name _____ School Address _____
 E.T.S. (C.E.E.B.) Student Code _____ Was/Will Be Graduated (Date) _____
 RANK Student's Number From Top of Class _____ Approximate Exact
 Number in Senior Class _____ Rank based on _____ semesters. GPA _____ /4.00 scale

GRADES _____
Passing Grade College Recommendation

PERIODS _____
Recitation carried in minutes Laboratory carried in minutes

SIGNATURE OF PRINCIPAL OR COUNSELOR _____

PLACE GRADES UNDER YEAR TAKEN OR ATTACH TRANSCRIPT

	SUBJECT	9	10	11	12	PC	Total Units	RECORD OF TEST DATA		
								Name of Tests	Date Given	Standard Scores
ENGLISH								C.E.E.B. - SAT		V- M- V- M-
								Achievement Test		
								ACT		Eng. Math SS N.Sci. Com
MATHEMATICS								ACT		Eng. Math SS N.Sci. Com
								Other Tests	Date Given	I.Q.* Centile*
LANGUAGE										
SCIENCE								NAMES AND LOCATIONS OF OTHER SCHOOLS ATTENDED		
								KEY FOR INTERPRETATION OF MARKING SYSTEM		
SOCIAL STUDIES								EXPLANATION OF HONOR COURSES		
MISCELLANEOUS								EXTRACURRICULAR ACTIVITIES - HONORS AND AWARDS		

RESUME OF APPLICANT'S PERSONALITY TRAITS

(To be filled in by principal or counselor)

The information below will complete the picture of the applicant's traits and abilities and will be of great assistance to his college counselors. You are asked to be perfectly frank in describing the applicant's traits. Your answers will be treated in a strictly professional manner. Please write as if you were talking confidentially to the college counselor. Please comment on or check all appropriate items.

STUDENT'S NAME _____		
Last	First	Middle

PERSONALITY

Characteristic Traits

- Cheerfulness
- Unselfishness
- Patience
- Tact
- Other _____

Strengths

- Industry
- Accuracy
- Reliability
- Cooperation
- Other _____
- Perseverance
- Leadership
- Moral

Interests

- Scholastic
- Musical
- Athletic
- Mechanical
- Other _____
- Literary
- Dramatic
- Forensic
- Artistic

Weaknesses

- Poor study habits
- Lacks self-confidence
- Lacks self-discipline
- Immaturity
- Other _____
- Laziness
- Irresponsible
- Disrespectful

SOCIAL ADJUSTMENTS

Does the pupil 'mix' and participate in school and community affairs? If not, why? Handicaps because of employment, finances, shyness, prejudices, domineering personality, conflicts with parents or teachers, etc.

PHYSICAL HANDICAPS

What physical defects or deformities, if any, has the student? Defective vision or hearing, stammering, heart or lung disorder etc.

RECOMMENDATIONS - REMARKS:

- I recommend highly
- I recommend
- I recommend with reservation
- I do not recommend

SIGNATURE _____ DATE _____