Industry Scholarship Application Guidelines

Thank you for your interest in the Eastern Frosted & Refrigerated Foods Association Industry Scholarship.

Eligibility Requirements

1. You or an immediate family member (mother, father, spouse) must be an employee of a company which is a member of the EFRA and must be employed by the member company from the date of application through the date scholarships are awarded. **If you are unsure whether your employer is a member company, please contact the EFRA office.**

2. You must be a high school senior or a college undergraduate applying to or enrolled in an accredited program or an employee of a member company furthering your education.

Application Instructions

1. Please fill out **Industry Scholarship Application Form** in full.

2. Your **Commentary** (250 – 500 words typed) must be submitted with your application. Please be sure to include responses to all 3 commentary questions: What are your goals? Why should you be considered for aid? What contact have you had with EFRA and how has it impacted you?

3. **Official Grade Transcripts** are required and may be mailed directly to the EFRA office:
   a) by your high school guidance office if you are a high school senior.
   b) by your college if you are a college student.

4. **Proof of College Enrollment** is required:
   a) High school seniors may submit a copy of their college acceptance letter.
   b) College students may have proof of enrollment sent to the EFRA office directly by their college.

5. **Proof of employment by EFRA member company:**
   a) Applicants who are employees of member companies must included a letter from their employer listing dates of employment and position held in company.
   b) Applicants who are children or family members of a member company employee must include a letter from the member company verifying the employment of the applicant’s parent/guardian, including dates of employment and position held in company.

**Every question must be answered and ALL FIVE application requirements must be received. Incomplete applications will not be considered.**

All information is kept confidential.

If you have questions or need further assistance, please contact the EFRA office at (973) 835-1710.

Applications may be completed on-line at the EFRA website ([www.efraweb.org](http://www.efraweb.org)) and submitted electronically, or may be mailed to the EFRA office at 17 Park Street, Wanaque, NJ 07465, or FAXED to (973) 835-1708.

**Application deadline is June 30. All applications must be received by this date!**

The Education Committee will review all applications. Decisions of the Education Committee are final.

**EFRA Industry Scholarship recipients will be notified by mail by August 1.**
This scholarship award is for individuals that are working for a member company and going to school during non-working hours and/or their children who are full time or part time students. If you are unsure whether your employer is an EFRA member, please contact the EFRA office at the number listed above. The scholarship award is up to $500.00 and monies are forwarded to the school to be applied toward tuition.

**PLEASE TYPE OR PRINT CLEARLY!**

**APPLICANT INFORMATION:**

Last Name  First  Middle

Address

City  State  ZIP

Home Phone  Business Phone  E-mail Address

Date of Birth  Age  Marital Status  Social Security Number

**REQUIRED FOR CHILDREN OF MEMBER COMPANY EMPLOYEES:**

Name of Member Company  Name of Employee  Relationship to Applicant

**HIGH SCHOOL/COLLEGE INFORMATION:**

I am currently:  ☐ a high school senior  ☐ a college student  ☐ member company employee furthering my education

I am a:  ☐ full-time student  ☐ part-time student

In the fall, I will be a college:  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate Student

High School Name  City  State  Graduation Year

College Name  City  State  Graduation Year

Current GPA  College Major
Please list your extra-curricular activities (clubs, sports, community service, employment) below:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

__________________________

EMPLOYMENT INFORMATION:

I am currently working: ☐ full-time ☐ part-time ☐ summers only # of hours per week: ____________

_______________________________________________________________________________

Current Employer/Summer Employer

_______________________________________     ______________________     ________     ____________

Address     City     State     ZIP

Phone Number     Hourly Rate/Salary     Start Date (month/year)

Please list your job duties below:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

____________________________________________________________________________

_____________________

FAMILY INFORMATION:

I am: ☐ an employee of a member company ☐ the dependent of an employee of a member company.

For Dependents Only:

Father’s Name     Father’s Address

Father’s Occupation     Father’s Employer

Mother’s Name     Mother’s Address

Mother’s Occupation     Mother’s Employer
For All Applicants:

Please list names, ages, and grades of siblings/dependents living at home:

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<th>NAME</th>
<th>AGE</th>
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FINANCIAL INFORMATION:

Estimated College Costs for the Academic Year (include tuition, room and board, fees, books): __________________

Have you completed all financial aid applications for your college?  □ YES  □ NO

List other scholarships/financial aid that you have applied for/received:

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Please attach a brief commentary (250 – 500 words): 1) What are your goals?  2) Why should you be considered for aid?  3) What contact have you had with EFRA and how has it impacted you?

Signature ___________________________ Date ___________________________

PLEASE NOTE: Employees of member companies must include with this application a letter from the employer listing the applicant’s time of employment and position. Children of member company employees must also include with this application a letter from the member company verifying the employment of the applicant’s parent/guardian.