

**SOUTHERN CALIFORNIA FROZEN & REFRIGERATED FOODS COUNCIL FOUNDATION  
CONFIDENTIAL SCHOLARSHIP APPLICATION FORM 2019**

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be announced at the Golf Tournament and notified by mail. Your application will not be considered complete until we have received your signed application, essay, and **official transcripts**. If you have any questions, please call the SCFRC office at 909/721-1173.

Mail your application to the SCFRC Foundation office at 16458 Bolsa Chica Street #205, Huntington Beach, CA 92649.  
**Applications and official transcripts must be postmarked by March 29, 2019.**

Go to [www.scfrc.org](http://www.scfrc.org) if you need a copy of the scholarship criteria and all required forms.

**Scholarship Criteria:** Eligible students shall:

- (a) be currently enrolled in college and have completed a minimum of 15 college credits
- (b) be of good academic standing with a cumulative grade point average of 2.8 or higher
- (c) be an active SCFRC member in good standing or an immediate family member (spouse or child)
- (d) be a citizen of the United States

Note:

SCFRC scholarship selection committee members and their immediate family are not eligible to apply for scholarship funds.

1. **SCFRC application form.** Complete all questions and sign this application.
2. **Essay (250-500 words typed)** – Choose from the following topics: *Please tell us about an experience, achievement, or risk that you have taken and its impact on you or describe how your education has contributed to who you are today* You must submit your essay with your application.
3. **STUDENTS:** OFFICIAL TRANSCRIPT OF GRADES (WITH COLLEGE SEAL) – MUST BE POSTMARKED BY MARCH 29, 2019. MINIMUM REQUIREMENTS: 2.8 GPA. YOUR TRANSCRIPTS MAY BE MAILED BY THE COLLEGE TO THE SCFRC OFFICE.

*Please note: You must answer every question on this application:*

**A. STUDENT INFORMATION**

1. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Legal Permanent Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Mailing Address (if different from above): \_\_\_\_\_
5. Telephone (Home): (\_\_\_\_) \_\_\_\_\_ (Cell): (\_\_\_\_) \_\_\_\_\_
6. Student ID #: \_\_\_\_\_ Student E-mail: \_\_\_\_\_
7. U.S. Citizen? ☐ Yes ☐ No

**B. FAMILY INFORMATION:**

Complete this section (*answer every question*) if you are listed as a dependent on the tax return of your parent(s).

1. Who do you live with? (select all that apply)     ☐mother     ☐father     ☐other \_\_\_\_\_
2. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_
3. Father's Address \_\_\_\_\_
4. Father's Employer (name, city, state) \_\_\_\_\_
5. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Mother's Address \_\_\_\_\_
7. Mother's Employer (name, city, state) \_\_\_\_\_
8. Number of Siblings that are living at home: \_\_\_\_\_
9. List Names, Ages, & School/College Attending of Brothers & Sisters Currently Living at Home:

Name	Age	School/College Attending	Grade/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. STUDENTS WORK HISTORY:**

1. Are you presently employed:     ☐ Full-time                      ☐ Part-time                      ☐ No job at this time
2. Name of your present employer: \_\_\_\_\_
3. Tel. No. \_\_\_\_\_ Length of Employment \_\_\_\_\_
4. Hourly rate/salary: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_
5. Will you work this summer:   ☐ Full Time   ☐ Part Time   ☐ No

**D. SCFRC MEMBER INFORMATION (IN ORDER TO BE CONSIDERED FOR A SCFRC SCHOLARSHIP, APPLICANT MUST BE A MEMBER IN GOOD STANDING OR AN IMMEDIATE FAMILY MEMBER (I.E. SPOUSE OR CHILD).**

*Who is the SCFRC Member (check box):*

- ☐Applicant                      ☐Applicant's Mother                      ☐Applicant's Father  
☐Applicant's Spouse

Member Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Member Company \_\_\_\_\_ Email: \_\_\_\_\_

Member Address \_\_\_\_\_

**E. COLLEGE INFORMATION:**

1. Name and address of college that you will be attending next Fall:

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2. I plan to be a      ☐ full-time student      ☐ part-time student

3. List College Extracurricular Activities (include clubs, sports, community service, employment, etc.)

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4. List any other scholarship assistance/financial aid you have applied for.

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**F. CERTIFICATION:**

I/We hereby declare that the foregoing statements. To the best of our belief, are correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or Guardian Signature is required if applicant is under 21)*

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**All applications must be postmarked by March 29, 2019.**

Scholarship winners will be announced at the SCFRC Foundation Golf Tournament on April 16<sup>th</sup> and notified by mail.

**Mail your application to:**  
SCFRC Foundation  
16458 Bolsa Chica Street #205  
Huntington Beach, CA 92649  
(909) 721-1173

Go to [www.scfrc.org](http://www.scfrc.org) if you need a copy of the guidelines and all required scholarship forms.