

**SOUTHERN CALIFORNIA FROZEN & REFRIGERATED FOODS COUNCIL FOUNDATION
CONFIDENTIAL SCHOLARSHIP APPLICATION FORM 2010**

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be announced at the Golf Tournament and notified by mail after April 26, 2010. 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 949-830-9584.

Mail your application to SCFRC Foundation office at 27281 Las Ramblas, Suite 200, Mission Viejo, CA 92691.
Applications and official transcripts must be postmarked by March 31, 2010.

Go to www.scfrc.org if you need a copy of the scholarship criteria and all required forms.

1. **SCFRC application form.** Complete all questions and sign this application.
2. **Essay (250-500 words typed):** *Please tell us about an experience, achievement, or risk that you have taken and its impact on you. You must submit your essay with your application.*
3. **STUDENTS:** *OFFICIAL TRANSCRIPT OF GRADES (WITH COLLEGE SEAL) – MUST INCLUDE 2009 SEMESTER GRADES. MINIMUM REQUIREMENTS: 2.8 GPA. YOUR TRANSCRIPTS MAY BE MAILED BY THE COLLEGE TO THE SCFRC OFFICE. ALL TRANSCRIPTS MUST BE POSTMARKED BY MARCH 31, 2010.*

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): (____) _____ (Work/Dorm): (____) _____
6. Social Security #: _____ U.S. Citizen? Yes No
7. Student's Marital Status: Single Married Divorced Widowed
8. Do you have any children/dependents? Yes No Give names/ages: _____

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 _____

Member Address _____

E. COLLEGE INFORMATION:

- 1. Name and city/state of college that you are presently attending:

- 2. In 2010 - 2011, I will be a: sophomore junior senior in college
- 3. I plan to be a full-time student part-time student

4. Attach a listing or resume of your College Extracurricular Activities (include clubs, sports, community service, employment, etc.)

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

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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