

**Deadline – Must be received no later than April 1<sup>st</sup> at letterhead address**

Clube Madeirense S. S. Sacramento, Inc.  
50 Madeira Ave, New Bedford, MA 02746  
Telephone (508) 992-6911 Fax (508) 992-5382 Email: [clubess@comcast.net](mailto:clubess@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.
- 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 passing grades.

### 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: \_\_\_\_\_

School Now Attending: \_\_\_\_\_ School Location, City/State: \_\_\_\_\_

### FAMILY INFORMATION

Fathers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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: \_\_\_\_\_

### REFERENCES

List three (3) references who have known you and your parents for at least three years. Exclude relatives:

(Name)	(Address)

### IF CLAIMING TO BE A RELATIVE OF AN ACTIVE CLUB MEMBER, complete below, otherwise leave blank

Club relative must be either your father, brother, grandfather, or uncle. 'Great' grandfather of 'great' uncle does not qualify

a) Name and address of active member. If deceased, give last known address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

b) Signature of club member required: \_\_\_\_\_ Club ID#: \_\_\_\_\_ Relationship: \_\_\_\_\_

c) If deceased member, give name: \_\_\_\_\_ Year died: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EXTRA CURRICULAR ACTIVITIES

List extra curricular activities you are or have been involved in:


**EMPLOYMENT**

List your current and past three employers:

(Employer Name)	(Hourly Wage)	(Number of hours per week)

**ABOUT YOUR PLANS**

Limit your answers to the following questions in the space provided.

What are your career objectives and the reasons for your choice?


Why a college education is important to you and what contributions do you see yourself making to society or your community.


**RECOMMENDATIONS**

Please enclose one letter of recommendation from your guidance counselor or teacher of a major subject.

**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 Clube 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.**

**All applications MUST be received by April 1<sup>st</sup> at letterhead address.**

**MAILING ADDRESS**

Clube Madeirense S. S. Sacramento, Inc.  
Scholarship Committee  
50 Madeira Ave  
New Bedford, MA 02746