



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 include 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) 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, 2015. 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, 2015.

EASTERN FROSTED & REFRIGERATED FOODS ASSOCIATION

17 Park Street, Wanaque, NJ 07465
Phone: (973) 835-1710 FAX: (973) 835-1708
EMAIL: efra@efraweb.org

INDUSTRY SCHOLARSHIP APPLICATION

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

Name: _____

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:

| NAME | AGE | GRADE/YEAR IN COLLEGE |
|------|-----|-----------------------|
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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:

| NAME OF SCHOLARSHIP/FINANCIAL AID | AMOUNT |
|-----------------------------------|--------|
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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.*