



## 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](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.**



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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.