



GRANT APPLICATION

- APPLICANT: PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION • TYPE OR PRINT USING BLACK INK • USE N/A IF QUESTION DOES NOT APPLY • RULES AND REGULATIONS ARE ON PAGE 4 • INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
- MAIL APPLICATION TO SCHOLARSHIP SELECTION SUBCOMMITTEE, SC&R FOUNDATION, 2750 PROSPERITY AVE, SUITE 620, FAIRFAX, VA 22031-4312, PH: (703) 698-0291, FAX: (703) 698-0297, EMAIL: SMADDEN@SCRANET.ORG, WEB: WWW.SCRANET.ORG
- APPLICATION MUST BE POSTMARKED BY JANUARY 31, 2010 AND MUST BE RECEIVED BY FEBRUARY 10, 2010• APPLICATION MAY BE DOWNLOADED AT [HTTP://WWW.SCRANET.ORG/FOUNDATION](http://WWW.SCRANET.ORG/FOUNDATION)

PERSONAL INFORMATION

APPLICANT NAME: LAST		FIRST:	MIDDLE:	
MAILING ADDRESS: NUMBER & STREET		CITY:	STATE:	ZIP:
TELEPHONE: HOME:	CELL:	WORK:		
EMAIL:		DATE OF BIRTH:		

SC&RA INFORMATION

LIST YOURSELF OR YOUR FAMILY MEMBER WHO IS PRESENTLY EMPLOYED FULL TIME OR PART TIME WITH AN SC&RA MEMBER. TO BE ELIGIBLE THE APPLICANT OR FAMILY MEMBER MUST HAVE BEEN EMPLOYED BY THAT COMPANY FOR A MINIMUM OF SIX MONTHS IN THE PRECEDING TWELVE MONTHS, EXCEPT INTERNS. PART TIME EMPLOYEES MUST BE REGULARLY SCHEDULED FOR AT LEAST AN AVERAGE OF 20 HOURS PER WEEK BY SC&RA MEMBER. NOTE: TO BE ELIGIBLE, AN OWNER/OPERATOR MUST BE CONTRACTED TO A MEMBER COMPANY FOR A MINIMUM OF 40% ANNUALLY. SEE ELIGIBILITY SECTION OF RULES AND REGULATIONS.

NAME:	EMPLOYER:
RELATIONSHIP:	POSITION IN COMPANY:

SCHOLASTIC INFORMATION

PROVIDE NAMES, CITIES AND STATES OF TECHNICAL/VOCATIONAL COLLEGES, FOUR-YEAR COLLEGES AND HIGH SCHOOLS YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING, LISTING MOST RECENT FIRST. INDICATE MONTH AND YEAR OF ANTICIPATED GRADUATION OR COMPLETION.		MONTH/YEAR ATTENDED (FROM-TO)	ANTICIPATED MONTH/YEAR OF GRADUATION/COMPLETION
POST HIGH SCHOOL EDUCATION/ TRAINING	HOURS ENROLLED CURRENT SEMESTER:	HOURS ENROLLED LAST SEMESTER IF APPLICABLE:	
	SCHOOL NAME:		
	CITY:	STATE:	
	SCHOOL NAME:		
HIGH SCHOOL(S)	CITY:	STATE:	
	SCHOOL NAME:		
	CITY:	STATE:	
	SCHOOL NAME:		
IF YOU HAVE A GED CERTIFICATE, DATE EARNED:		ATTACH COPY OF GED CERTIFICATE	
CURRENT YEAR IN SCHOOL: <input type="checkbox"/> freshman <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior <input type="checkbox"/> n/a			
If enrolled in a certificate program: _____ units/credits completed _____ units/credits required for completion			
IF ATTENDING SCHOOL, SPECIFY GRADE POINT AVERAGE AND ATTACH AN OFFICIAL GRADE TRANSCRIPT FOR THAT SCHOOL.			
GPA: _____ N/A: _____	POINT SCALE (CHECK ONE:) <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> OTHER _____		
DEGREE/CERTIFICATE EXPECTED:		MAJOR:	

SCHOLASTIC INFORMATION CONTINUED

IF YOU ARE NOT ENROLLED IN SCHOOL OR IF YOU ARE PLANNING TO TRANSFER TO ANOTHER SCHOOL, LIST BELOW THOSE SCHOOLS TO WHICH YOU HAVE APPLIED (IN ORDER OF PREFERENCE).		ACCEPTED (YES-NO)	ANTICIPATED MONTH/YEAR OF GRADUATION/ COMPLETION
SCHOOL NAME:			
CITY:	STATE:		
SCHOOL NAME:			
CITY:	STATE:		
DEGREE/CERTIFICATE EXPECTED:	MAJOR:		
ARE YOU ENROLLED IN A COOPERATIVE EDUCATION PROGRAM? <input type="checkbox"/> yes <input type="checkbox"/> no		(IF YES, INCLUDE A COPY OF YOUR WORK/CLASS SCHEDULE)	

EXTRACURRICULAR

LIST EXTRACURRICULAR ACTIVITIES INDICATE ELECTED OFFICES HELD SPECIFY PURPOSE OF LOCAL ORGANIZATIONS	COLLEGE:
	HIGH SCHOOL:
	COMMUNITY ACTIVITIES (SCOUTS, ETC):
	ATHLETICS:
	OTHER:

EMPLOYMENT/INTERNSHIP HISTORY

LIST BELOW FULL-TIME, PART-TIME, AND SUMMER EMPLOYMENT AND INTERNSHIPS OR OTHER WORK EXPERIENCE, BRIEFLY EXPLAINING DUTIES AND RESPONSIBILITIES (BEGINNING WITH YOUR MOST RECENT JOB). INDICATE NUMBER OF HOURS PER WEEK

FIRM'S NAME:	MONTH/YEAR: FROM:	MONTH/YEAR: TO:
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND POSITION IN COMPANY:	
ADDRESS:		
YOUR DUTIES:		
EMPLOYMENT <input type="checkbox"/>	INTERNSHIP <input type="checkbox"/>	HOURS PER WEEK:
FIRM'S NAME:	MONTH/YEAR: FROM:	MONTH/YEAR: TO:
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND POSITION IN COMPANY:	
ADDRESS:		
YOUR DUTIES:		
EMPLOYMENT <input type="checkbox"/>	INTERNSHIP <input type="checkbox"/>	HOURS PER WEEK:

FINANCIAL INFORMATION

INDICATE THE ESTIMATED ANNUAL DOLLAR AMOUNTS OF SUPPORT FROM THE FOLLOWING SOURCES FOR 2010-2011 SCHOOL YEAR:		DESCRIBE BRIEFLY IN ANNUAL DOLLAR AMOUNTS ESTIMATED EXPENSES FOR 2010-2011 SCHOOL YEAR:	
STUDENT EARNINGS: (INCLUDE MONEY EARNED FROM SUMMER AND SCHOOL YEAR)	\$ _____	TUITION:	\$ _____
PARENT/SPOUSE CONTRIBUTION:	\$ _____	LIVING EXPENSES:	\$ _____
STUDENT AND PARENT LOANS (SPECIFY):	\$ _____	BOOKS:	\$ _____
	\$ _____	MISCELLANEOUS (SPECIFY):	\$ _____
FINANCIAL ASSISTANCE ANTICIPATED, INCLUDING EMPLOYER-ASSISTED TUITION PAYMENT OR REIMBURSEMENT:	\$ _____		\$ _____
	\$ _____		\$ _____
OTHER SOURCE OF INCOME (SPECIFY):	\$ _____		\$ _____
EXPLAIN THE PURPOSE FOR WHICH GRANT MONIES WOULD BE USED:			
EXPLAIN ANY EXTENUATING CIRCUMSTANCES ON AN ADDITIONAL SHEET OF PAPER, USING ONE SIDE ONLY			

ADDITIONAL INFORMATION-- PLEASE USE A SEPARATE PIECE OF PAPER

1. HOW WILL THESE COURSES IMPACT YOUR CAREER?

2. ARE YOU INTERESTED IN A CAREER IN THE SPECIALIZED TRANSPORTATION AND/OR THE RIGGING INDUSTRY? IF YES, WHAT IS YOUR ULTIMATE FOAL? IF NO WHAT ARE YOUR CAREER INTERESTS?

3. TELL US ABOUT A PERSONAL ACHIEVEMENT OF WHICH YOU ARE MOST PROUD?

ADDITIONAL RECOMMENDATIONS

TWO LETTERS OF RECOMMENDATION ARE REQUIRED: ONE FROM YOUR ACADEMIC ADVISOR OR EMPLOYER. SEE INSTRUCTIONS ON PAGE 4

I AGREE THAT THE APPLICATION AND ALL ATTACHMENTS MAY BE USED FOR THE PURPOSE OF EVALUATION AND SELECTION BY THE SCHOLARSHIP COMMITTEE OF THE SC&R FOUNDATION AND/OR REPRESENTATIVES DESIGNATED BY THE COMMITTEE. THE FOUNDATION IS AUTHORIZED TO OBTAIN ANY GPA RECORDS NECESSARY FOR CONSIDERATION OF THIS APPLICATION. APPLICANT SPECIFICALLY WAIVES ANY RIGHTS OF PRIVACY AND AGREES TO FULL DISCLOSURE OF ANY SCHOOL RECORDS.

APPLICATION MUST BE SIGNED TO BE CONSIDERED

SIGNATURE:	DATE:
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IF NECESSARY, USE AN ADDITIONAL SHEET TO PROVIDE OTHER INFORMATION THAT YOU BELIEVE COMPLETES YOUR APPLICATION

NOTE TO APPLICANT:

- APPLICATION MUST BE COMPLETE OR IT WILL NOT BE CONSIDERED
- APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE APPLICATION, ALL RECOMMENDATIONS AND TRANSCRIPTS ARE RECEIVED BY THE SCHOLARSHIP COMMITTEE
- APPLICATION MUST BE POSTMARKED BY **JANUARY 31, 2010** AND MUST BE RECEIVED BY **FEBRUARY 10, 2010**

SC&R FOUNDATION GRANT PROGRAM

RULES AND REGULATIONS

**DEADLINE - THIS APPLICATION, RECOMMENDATION LETTERS AND
TRANSCRIPTS MUST BE POSTMARKED NO LATER THAN JANUARY 31, 2010
AND RECEIVED BY SC&R FOUNDATION NO LATER THAN FEBRUARY 10, 2010**

ELIGIBILITY

APPLICANT MUST HAVE AT LEAST ONE TERM OF UNDERGRADUATE STUDY REMAINING IN THE 2010-2011 SCHOOL YEAR, OR CURRENTLY HAVE APPLIED TO TECHNICAL OR VOCATIONAL COLLEGE

- COURSE OF STUDY MUST LEAD TO AN ASSOCIATE DEGREE OR OTHER CERTIFICATE IN A FIELD RELATED TO THE SPECIALIZED CARRIERS & RIGGING INDUSTRY. FOR THOSE APPLICANTS PLANNING ON CONTINUING TO A 4 YEAR DEGREE PROGRAM WHO WILL COMPLETE AN ASSOCIATE'S DEGREE PROGRAM IN SPRING OR SUMMER 2010, PLEASE APPLY USING THE **SCHOLARSHIP** APPLICATION.
- FULL-TIME AND PART-TIME STUDENTS ARE ELIGIBLE FOR GRANTS
- APPLICANT OR RELATIVE (SPOUSE, PARENT OR GRANDPARENT, INCLUDING STEP PARENT/GRANDPARENT) MUST CURRENTLY BE EMPLOYED BY AN SC&RA MEMBER COMPANY, AND HAVE BEEN EMPLOYED BY THAT COMPANY FOR A MINIMUM OF SIX MONTHS IN THE PRECEDING TWELVE MONTHS. INTERNS WILL BE CONSIDERED. TO BE ELIGIBLE AN OWNER/ OPERATOR MUST BE CONTRACTED TO A MEMBER COMPANY FOR A MINIMUM OF 40% ANNUALLY
- PART TIME EMPLOYEE MUST BE REGULARLY SCHEDULED FOR AT LEAST AN AVERAGE OF 20 HOURS PER WEEK BY SC&RA MEMBER COMPANY.
- BRANCH OR SUBSIDIARY OF A MEMBER COMPANY MUST BE A MEMBER OF SC&RA FOR APPLICANT TO BE ELIGIBLE

REQUIREMENTS

APPLICANT IS RESPONSIBLE FOR ENSURING THAT ALL ITEMS LISTED BELOW ARE SUBMITTED TO THE FOUNDATION AND POSTMARKED BY JANUARY 31, 2010. APPLICATION MUST BE RECEIVED BY THE FOUNDATION ON FEBRUARY 10, 2010

- COMPLETED AND SIGNED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
 - TWO LETTERS OF RECOMMENDATION, ONE OF WHICH IS FROM YOUR EMPLOYER OR ACADEMIC ADVISOR
- APPLICANT SHOULD PRESENT THE FOLLOWING INSTRUCTIONS TO THE INDIVIDUALS PROVIDING RECOMMENDATIONS:

PLACE COMPLETED LETTER IN A STANDARD BUSINESS ENVELOPE AND SEAL IT CLOSED ♦ SIGN YOUR NAME ON THE BACK OF THE ENVELOPE, ACROSS THE EDGE OF THE SEALED FLAP ♦ WRITE APPLICANT'S NAME ON THE ENVELOPE FRONT ♦ APPLICANT WILL MAIL SEALED AND SIGNED ENVELOPE WITH HIS/HER COMPLETED SC&R FOUNDATION GRANT APPLICATION

- OFFICIAL TRANSCRIPT OF GRADES FOR SCHOOL YOU PRESENTLY ATTEND IF APPLICABLE

PLEASE INCLUDE

- RECENT DIGITAL HIGH RESOLUTION PHOTOGRAPH
- CONTACT INFORMATION, INCLUDING FAX OR EMAIL, OF A LOCAL NEWSPAPER
- CONTACT INFORMATION FOR THE PUBLIC AFFAIRS OFFICE AT YOUR COLLEGE

AWARDS

- GRANTS ARE NOT AUTOMATICALLY RENEWED, BUT PREVIOUS GRANT OR SCHOLARSHIP RECIPIENTS ARE ELIGIBLE AND MAY APPLY AGAIN TO BE CONSIDERED
- APPLICATIONS WILL BE REVIEWED AND WINNERS SELECTED BY THE SCHOLARSHIP COMMITTEE OF THE FOUNDATION, WHICH WILL CONSIDER APPLICANTS' GRADES, EXTRACURRICULAR ACTIVITIES, EMPLOYMENT EXPERIENCES, RECOMMENDATION LETTERS, AND DESIRE TO WORK IN AN INDUSTRY-RELATED FIELD. ALL APPLICANTS WILL BE NOTIFIED OF THEIR STATUS IN MARCH 2010
- CHECKS WILL BE SENT DIRECTLY TO THE WINNERS UPON SUBMISSION OF SOCIAL SECURITY NUMBER, MATRICULATION INFORMATION FOR THE NEXT SCHOOL TERM, AND OTHER INFORMATION AS DESIGNATED BY THE FOUNDATION
- ALL SCHOLARSHIPS ARE SUBJECT TO FURTHER REVIEW BY THE FOUNDATION AT ANY TIME

THE SC&R FOUNDATION IS AN EQUAL OPPORTUNITY ORGANIZATION

SC&R FOUNDATION

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