

- 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)

APPLICANT NAME: LAST		FIRST:		MIDDLE:	
HOME ADDRESS: NUMBER & STREET			CITY:		STATE: ZIP:
COLLEGE ADDRESS: NUMBER & STREET			CITY:		STATE: ZIP:
WHERE DO WE CONTACT YOU? (SHOW MONTHS THERE)	HOME:	COLLEGE:	NEAREST METROPOLITAN CITY:		
TELEPHONE:	HOME:		COLLEGE:	CELL:	
DATE OF BIRTH:			EMAIL:		

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 FOR 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 COLLEGES, AND/OR UNIVERSITIES AND HIGH SCHOOLS YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING, LISTING MOST RECENT FIRST. INDICATE MONTH AND YEAR OF ANTICIPATED GRADUATION.		MONTH/YEAR ATTENDED (FROM-TO)	ANTICIPATED MONTH/YEAR OF GRADUATION
FOUR-YEAR COLLEGE(S)	HOURS ENROLLED CURRENT SEMESTER:	HOURS ENROLLED LAST SEMESTER (IF APPLICABLE):	
	SCHOOL NAME:		
	CITY:	STATE:	
	SCHOOL NAME:		
TWO-YEAR COLLEGE(S)	CITY:	STATE:	
	SCHOOL NAME:		
	CITY:	STATE:	
	SCHOOL NAME:		
HIGH SCHOOL(S)	CITY:	STATE:	
	SCHOOL NAME:		
	CITY:	STATE:	
	SCHOOL NAME:		

SCHOLASTIC INFORMATION CONTINUED

CURRENT YEAR IN SCHOOL: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR			
SPECIFY GRADE POINT AVERAGE AND ATTACH AN OFFICIAL GRADE TRANSCRIPT FOR THE SCHOOL YOU PRESENTLY ATTEND OR MOST RECENTLY ATTENDED, LISTING THREE MOST RECENT QUARTERS/SEMESTERS.			
GPA:	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 EXPECTED:		MAJOR:	
IF NOT CONTINUOUSLY ENROLLED IN SCHOOL SINCE HIGH SCHOOL GRADUATION, ATTACH A CHRONOLOGICAL HISTORY OF YOUR ACTIVITIES. HISTORY SHOULD BEGIN IMMEDIATELY AFTER HIGH SCHOOL GRADUATION UNTIL THE PRESENT TIME. INCLUDE SPECIFIC MONTH, YEAR AND TYPE OF ACTIVITY.			
IF YOU ARE NOT ENROLLED IN COLLEGE, OR IF YOU ARE PLANNING TO TRANSFER TO ANOTHER SCHOOL, LIST BELOW THOSE COLLEGES TO WHICH YOU HAVE APPLIED (IN ORDER OF PREFERENCE).		ACCEPTED (YES-NO)	ANTICIPATED MONTH/YEAR OF GRADUATION
SCHOOL NAME:			
CITY:	STATE:		
SCHOOL NAME:			
CITY:	STATE:		
DEGREE 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)	
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 WORKED 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):	\$ _____
SCHOLARSHIPS ANTICIPATED:	\$ _____		\$ _____
	\$ _____		\$ _____
OTHER SOURCE OF INCOME (SPECIFY): (INCLUDE EMPLOYER-ASSISTED TUITION PAYMENT/REIMBURSEMENT)	\$ _____		\$ _____
LIST AGES OF ALL SIBLINGS:			
EXPLAIN THE PURPOSE FOR WHICH SCHOLARSHIP MONIES WOULD BE USED:			
EXPLAIN ANY EXTENUATING CIRCUMSTANCES ON AN ADDITIONAL SHEET OF PAPER			

ADDITIONAL INFORMATION

ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER, USING ONE SIDE ONLY. USE 2 SHEETS IF NECESSARY.
<ol style="list-style-type: none"> DESCRIBE THE PERSONAL ACHIEVEMENT OF WHICH YOU ARE MOST PROUD TELL US SOMETHING MORE ABOUT YOURSELF THAT WOULD HELP US TOWARD A SENSE OF WHO YOU ARE, HOW YOU THINK, AND WHAT ISSUES AND IDEAS INTEREST YOU MOST ARE YOU INTERESTED IN A CAREER IN THE SPECIALIZED TRANSPORTATION AND/OR THE CRANE & RIGGING INDUSTRY? IF YES, WHAT IS YOUR ULTIMATE GOAL? IF NOT, WHAT CAREER DOES INTEREST YOU?

ADDITIONAL RECOMMENDATIONS

<ul style="list-style-type: none"> TWO LETTERS OF RECOMMENDATION ARE REQUIRED: ONE FROM YOUR ACADEMIC ADVISOR OR EMPLOYER. SEE INSTRUCTIONS ON PAGE 4
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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, ATTACH AN ADDITIONAL SHEET (USING ONE SIDE ONLY) 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 SCHOLARSHIP 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 COLLEGE OR UNIVERSITY
- COURSE OF STUDY MUST LEAD TO A BACHELOR DEGREE IN A FIELD RELATED TO THE SPECIALIZED CARRIERS AND RIGGING INDUSTRY
- FULL TIME AND PART TIME STUDENTS ARE ELIGIBLE FOR SCHOLARSHIPS
- 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. NOTE: 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 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 ACADEMIC ADVISOR OR EMPLOYER
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 SCHOLARSHIP APPLICATION
- OFFICIAL TRANSCRIPT OF GRADES FOR SCHOOL YOU PRESENTLY ATTEND OR MOST RECENTLY ATTENDED LISTING 3 MOST RECENT QUARTERS/SEMESTERS, INCLUDING FALL 2009 IF APPLICABLE

PLEASE INCLUDE

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

AWARDS

- SCHOLARSHIPS ARE NOT AUTOMATICALLY RENEWED, BUT PREVIOUS 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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