Members' Child-Personal Profile for the BCTGM Scholarship Program

This questionnaire is designed to collect information about your background, your interests, and your college and career plans. Your answers to these questions will be reviewed by our BCTGM scholarship judges composed of education professionals. Your responses are confidential.

A. You – the Applicant

Legal name in full

LAST (please print one letter per box) FIRST

Permanent home address

Number and Street

City State Zip Code

Telephone

Area Code Number

Date of Birth

Month Day Year

Check one
☐ Male
☐ Female

B. Your Schooling

High School Graduation Date	
Name and Address of School	
Date you Expect to Enter College	
Degree to be pursued in College	

C. Choice of College/University/Technical School

Please list the top three colleges/universities/technical schools you are applying to.

I.
II.
III.

D. Family

If you are a child of a BCTGM member, enter complete information about your parents.

	Father	***Mother***
Name		
Occupation/Title		
Employer/Company Name		
Company Address		

Applicants to scholarship programs represent diverse social, economic, ethnic, and occupational groups. Please describe any relevant family characteristics or experiences that you wish to share with us.

E. Educational Background

1. List all schools that you attended in the last four years. List the schools in order of attendance, with the one you attended most recently first.

Name of School	***Location (City and State)***	***Date(s)***

2. List any advanced or special program courses or summer courses you have taken. List the most recent course first.

Course/Program	***Name of School/Institution***	***Date(s)***

F. Your Activities and Work Experience

1. List activities in which you have participated in your high school (or college for the BCTGM member) such as publications, debating and dramatics, music, art, student government, and clubs. Include any awards or membership in honorary associations.

Activity	***Date(s)***

2. List sport(s) you participated in:

Sport	***Date(s)***

3. List community activities in which you have participated without pay (i.e. soup kitchens, church work, drug hot lines and outreach programs):

Kind of Activity	***Name of Agency/Organization***	***Date(s)***

4. List jobs (including summer employment) you have held in the past three or four years. If a BCTGM member, list current employment.

Job and Kind of Work	***Employer***	***Date(s)***

G. Your Experiences

Describe an experience, academic or other, which gave you a feeling of achievement or pride.

Applicant's Signature Date Signed

Please look over this form to make sure you have answered all the questions completely. It is also your responsibility to ensure that your school or college sends your academic report, and necessary transcript to the BCTGM SCHOLARSHIP OFFICE by the program deadline.

RETURN THIS COMPLETED FORM AND ALL OTHER REQUIREMENTS TO:

Bakery, Confectionery, Tobacco Workers and Grain Millers International Union
Attn: Scholarship Office
10401 Connecticut Avenue
Kensington MD 20895-3961

Phone: 301-692-2878
E-mail: jmarques@bctgm.org

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