



A. You – the Applicant

FIRST

Zip Code

Check one
☐ Male
☐ Female

<i>Job Classification</i>	<i>Employer</i>	<i>Date(s)</i>

C. Education

High School Graduation Date	
Name and Address of School	
Date you Expect to Start or Continue College/Technical School	
Degree to be pursued in College	

List any advanced or special program courses/classes you have taken. List the most recent course/class first.

Course/Class	Name of School/Institution	Date(s)

D. Choice of College/University/Technical School

Please list the top three colleges/universities/technical schools you are applying to or have been accepted to for the 2027 Fall Semester.

I.
II.
III.

E. Your Activities

1. List community activities in which you have participated without pay (i.e. charities, church work, coaching, outreach programs):

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

F. Family

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.

Applicant's Signature

Date Signed

*Please look over this form to make sure you have answered all the questions completely. It is your responsibility to ensure that you send this 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**

