



Member Focused, Results Driven

**Rhode Island Food Dealers Association
2012-2013
Scholarship Program Application
SCHOLARSHIP DESCRIPTION**



INSTRUCTIONS: Please complete the application in full and return along with the necessary supporting documents to Rhode Island Food Dealers Association offices by Friday, November 2nd.

Supporting Documents that must accompany application:

- A recommendation letter from an active RIFDA Member.
- An additional outside recommendation (from teacher, guidance counselor, employer, coach, etc.)
- An essay of not more than 500 words outlining applicants goals in attending post secondary education including how this funding will contribute to this goal(s)

Mailing Address:

**RIFDA Scholarship Committee
450 Veterans Memorial Parkway
Building 8
East Providence, RI 02914**

If you have any questions regarding this scholarship opportunity please contact us.



1-401-431-0880

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Rhode Island Food Dealers Association 2012 SCHOLARSHIP PROGRAM APPLICATION



INSTRUCTIONS: Complete Sections 1-4 of this application and mail to Rhode Island Food Dealers Association postmarked no later than **Friday, November 2, 2012**. Awardees will be notified by **Wednesday, November 21, 2012**. Please type or print in **BLACK ink**.

I. GENERAL INFORMATION Date of Application _____

First Name Middle Initial Last Name

Home Address

City _____ State _____ Zip _____

Email Address _____

Date of Birth _____ Home Telephone Number _____

Year of High School Graduation _____ Cell Phone Number _____

ELIGIBILITY-STORE OR COMPANY AFFILIATION

EMPLOYER Name Store/Company Employed At _____
Address _____

PARENT Name Store/Company Employed At _____
Address _____

RIFDA Recommendation by Name _____
Address _____

II. FINANCIAL NEED

College You Are Planning On Attending:
Name _____

Address _____

Tuition Costs & Fees: (Annual)

Tuition _____ Books _____

Room & Board _____ Lab Fees, Etc. _____

Total Est. Cost \$ _____

Please list below the type and amount of aid that has already been offered to you (include scholarships, grants, loans, campus-based aid and employment)



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NAME _____

III. EDUCATION & BACKGROUND

List below all schools attended:

Name of High School/College	City, State, Zip	Phone	Attendance Dates
1. _____	_____	_____	20__ to 20__
2. _____	_____	_____	20__ to 20__

What were your main areas of concentration?

What were your best subjects?

Verifiable Evaluation Scores

GPA _____ High School SAT: _____
GPA _____ College (Best Scores) _____

What degree/certificate will you be pursuing? _____

What are your goals/objectives in obtaining this degree/certificate? _____

Please indicate your involvement in high school activities such as: class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. _____

Please indicate community involvement and community service activities. _____

Please list below the name of any award, honor, prize, and/or scholarship, etc. you have or expect to receive in recognition of outstanding achievement in high school. _____

IV. SIGNATURE

I certify that the information provided in this application and its accompanying documents are accurate to the best of my knowledge. I understand that this information will be shared with the Rhode Island Food Dealers Association Scholarship Committee and the staff of the Rhode Island Food Dealers Association.

Signature

Date