



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

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LAST (please print one letter per box)

FIRST

Permanent home address

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Number and Street

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City

State

Zip Code

Telephone

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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	

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.

	<i>Father</i>	<i>Mother</i>
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.

<i>Name of School</i>	<i>Location (City and State)</i>	<i>Date(s)</i>

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

<i>Course/Program</i>	<i>Name of School/Institution</i>	<i>Date(s)</i>

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**

