

Carolinas Food Industry Council



\$2,500

Everett and Trudy Suddreth
Scholarships of Excellence Award



2010 Application Form for High School Seniors

The Carolinas Food Industry Council (CFIC) is the premier organization representing all aspects of food distribution in **both North and South Carolina**. In an effort to contribute to the communities that have made the industry what it is, CFIC has established a scholarship program awarding **30 scholarships** each year!

Those eligible to apply are High School seniors who are:

- **Student** whose **parent** is a permanent, **full-time employee**, who has been employed for at least **one-year** (as of 1/1/10) by a CFIC Retail, Wholesale or Supplier Member Firm.

OR

- **Student** who is a **part-time employee** and who has been employed for at least **six-months** (as of 1/1/10) by a CFIC Retail, Wholesale or Supplier Member Firm.

NOTE: The food industry employee (whether a parent or student) must work at a Retail, Wholesale or Supplier Member location in either **North or South Carolina**, and **must be employed** at the time the winners are selected in May; qualified scholarship recipients may attend a college located in any state.

Scholarship Applications must be post-marked and received in the CFIC office by: **April 1, 2010**

Mail applications to:

601 Saint Mary's Street, Raleigh, NC 27605

or

Fax to: **(919) 832-0812**

Questions: contact the Council's office at **(919) 832-0811**

Winners will be selected by a panel of educators and notified in June. **Winners must be enrolled in college the fall of 2010** and the **scholarship award** will be **made out to the college** and **mailed to the scholarship winner who must deliver it to the appropriate office within his college.**



High School Applicant Instructions

(Incomplete applications will be rejected.)



Check Box to Ensure Accurate Completion:

- Complete and sign **student section** of application in its entirety.
- Deliver application to **High School Guidance Counsel** to complete **page 4** prior to **March 15**
- Provide a **stamped CFIC Addressed envelope** to Guidance Counselor
- Mail Application and transcripts to: **CFIC, 601 Saint Mary's Street, Raleigh, NC 27605**

Completed applications are due to CFIC office by: April 1, 2010

QUESTIONS? Contact kristinh@ncrma.org or call (919) 832-0811.

Completed by Student

Print Legibly

Applicant Name: _____

Permanent Mailing Address: _____

City, State, Zip: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____ E-mail: _____

Eligibility/Work History

My eligibility to apply for this scholarship is based on the employment of:

- Parent or guardian (Complete A only) Myself (Complete B only) Both: Parent & Myself (Complete Both A & B)

A. Parent Employment Information:

Parent Name: _____ Parent works for the following CFIC member firm: _____

Address of the Store or Business where the parent is currently employed:

City: _____ State: _____ Zip: _____

Employment began at this company on: _____

B. Student Employment Information:

Student Name: _____ Student works for the following CFIC member firm: _____

Address of the Store or Business where the student is currently employed:

City: _____ State: _____ Zip: _____

Employment began at this company on: _____

Completed by Student

Describe any **part-time jobs** you have held during the school years (**include average weekly hours worked**):

Have you received special recognition in connection with your **Recreational Activities** or **Hobbies**? If yes, please list:

What **Special Recognition** have you received for outstanding schoolwork, such as **Honors, Prizes** or **Scholarships** in High School?

Describe how you were involved in **High School activities** such as **class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club**, etc. In the right-hand column, designate by number, the **High School year** in which you participated in each activity as follows: 1-Freshman 2-Sophomore 3-Junior 4-Senior.

Activity	Position Held	Hours per Week	Year of Participation
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Describe your involvement in **Community Service** outside of school, activities such as rank attained as **Boy or Girl Scout, 4-H Club, church** organization, etc. In the right-hand column, designate by number, the **High School year** in which you participated in each activity as follows: 1-Freshman 2-Sophomore 3-Junior 4-Senior.

Activity	Position Held	Hours per Week	Year of Participation
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Completed by Student

I plan to attend _____ with a major in _____
College, University or Vocational Tech School

List all schools attended from ninth to twelfth grades:

	<u>Name of High School</u>	<u>City and State</u>	<u>Attendance Dates</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Student's Release of Records

To comply with the provisions of the *Family Educational Rights and Privacy Act of 1974*, **permission** is hereby given to school officials to **release the secondary school record** and other requested information for consideration in this scholarship program.

Applicant's Signature: _____ Date: _____

Parent's Signature (if student is under 18): _____ Date: _____

I certify that all of the information contained in this application is correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Completed by Guidance Counselor

DUE: APRIL 1, 2010

- Attached** a copy of the student's records, SAT or ACT Scores and seven semesters of grades.
- Completed the information (on right).
- Signed certification statement** below.
- Enclosed is a copy of the **High School Profile**
- Mail to: **CFIC, 601 Saint Mary's Street, Raleigh, NC 27605.**

I certify that all the **information** on this form is **accurate** and that the **student's records have been included.**

Counselor's Signature

Counselor's Name (PRINT)

Counselor's Office Phone Number:

Counselor's E-mail Address:

High School Type:

Public Private Special or Magnet

GPA	
Class Rank	
# in Class	
ACT (Comp)	
SAT Critical Reading (not %)	
SAT Writing (not %)	
SAT Math (not %)	

CFIC Office Use Only:

Date _____
 Application Received: _____

Mail application to: **CFIC, 601 Saint Mary's Street, Raleigh, NC 27605**
 by _____ or fax to **(919) 832-0812**
April 1, 2010 **QUESTIONS?**
 Contact kristinh@ncrma.org or (919) 832-0811