

# **Application for TABCO Scholarship**

## **Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Soc. Sec. # (last 4 digits) \_\_\_\_ \_

E-mail \_\_\_\_\_

## **TABCO Member**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Location of employment \_\_\_\_\_

Membership Status: \_\_\_\_ Active \_\_\_\_ Retired \_\_\_\_ # years as member

Number of siblings \_\_\_\_\_

Number of siblings currently enrolled in higher education \_\_\_\_\_

## **Applicant Financial Information**

**Applicant** – Employed \_\_\_\_ yes \_\_\_\_ no

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Income: Weekly \_\_\_\_\_ Yearly \_\_\_\_\_

**Legal Guardian Financial Information**

**Parent/Guardian #1 (If multiple employers, please provide information for all.)**

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Income:      Weekly \_\_\_\_\_      Yearly \_\_\_\_\_

**Parent/Guardian #2 (If multiple employers, please provide information for all.)**

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Income:      Weekly \_\_\_\_\_      Yearly \_\_\_\_\_

Other sources of income for both guardians/parents (please list):

**Educational Information**

Status:

High School Senior \_\_\_\_\_ College – Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Currently Attending (School) \_\_\_\_\_

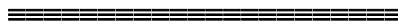
University/College attending (if known) \_\_\_\_\_

College Major (intended or current) \_\_\_\_\_



\_\_\_\_\_  
TABCO Member's Signature      Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature      Date \_\_\_\_\_



**Return all scholarship information and transcripts to:**

**Chairperson  
TABCO Scholarship Committee  
305 East Joppa Road  
Towson MD 21286**

**(Deadline: April 3, 2017)**