



**Application for TABCO Scholarship**

*Complete all questions. If a question does not apply, denote with N/A.*

**Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

**TABCO Member**

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

Number of siblings \_\_\_\_

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

**Applicant Financial Information**

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

Employer \_\_\_\_\_

Employer’s Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Legal Guardian Financial Information**

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

Employer \_\_\_\_\_

Employer’s Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Other sources of income for both guardians/parents and applicant (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) \_\_\_\_\_

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

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

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

**TABCO Office  
Attn: TABCO Scholarship Committee  
1220-C East Joppa Road, Suite 514  
Towson MD 21286**

**You may return your information (electronically to Jacqueline Gerhardt at [jgerhardt@mseanea.org](mailto:jgerhardt@mseanea.org) or by fax to 410-337-7081 or by mail.)**

**(Deadline: April 1, 2025)**