



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 education _____

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) _____

TABCO Member's Signature

Date _____

Applicant's Signature

Date _____

Return the completed application along with the documents listed below:

1. Submit a one-page essay stating your goals and aspirations in the field of study you have chosen to pursue or are pursuing in college.
2. Submit a record of academic and extracurricular accomplishments, awards, etc.
3. Submit evidence of involvement in community activities.
4. Submit one letter of character reference written by an individual other than teachers or school administrators.
5. Submit two letters of academic reference written by individuals who have taught and/or counseled the student in school.
6. The student must request and ensure delivery of an OFFICIAL transcript from his/her high school or college record to the TABCO Scholarship Committee.

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

You may return your information (electronically to Ana Negrete-Garcia at anegrete-garcia@mseanea.org or by fax to 410-337-7081 or by mail.)

(Deadline: April 1, 2026)