



Scholarship Application Form

CRITERIA FOR APPLICATION

- I. Applicant must be either an employee of, or a dependent of an employee of, a Direct Member, in good standing, of the Automotive Recyclers of Massachusetts for at least one (1) year before May 1st of the year the award is made.
- II. Applicants must be enrolled as either a high school senior, or high school graduate planning* to or continuing to pursue a post high school program in a college, university or school providing trade, business or technical program.
- III. First-time applicants must have achieved at least a 3.0 grade point average, or the equivalent in their previous educational program.

*accepted.

CHECKLIST FOR APPLICATION DOCUMENTATION

- I. Request that your high school (college or trade school if you are currently attending) send an official transcript of your academic records and a copy of your SAT (Scholastic Aptitude Test) or ACT (American College Test) results to the ARM office, if those scores are available. Applications will be accepted from students who have not taken those tests.

Unofficial transcripts will NOT be accepted.

- II. Employee/Parent/Guardian Certification.
- III. Applicant Information.
- IV. Student Profile.
- V. Information Verification.
- VI. Two (2) letters of recommendation (non-family)

Please return all required application documentation by May 1st to:

**Automotive Recyclers of Massachusetts
P. O. Box 1030
Southbridge, MA 01550**



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APPLICANT INFORMATION

All applications must be received by the ARM office no later than **May 1st**

(Please type or print)

Date: _____

Full Name: _____
(Last) (First) (Middle)

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number ___ Area Code () _____

Date of Birth _____ Soc. Sec. # _____

Current Grade Point Average: _____

Name of High School: _____

Address: _____

Expected Date of Graduation: _____

Which university, college or school providing trade, business or technical program do you plan to attend?

Address: _____ City _____

Have you been accepted? _____

If in college, what year are you in and how much longer do you plan on attending college before graduation/degree? _____

In what field do you plan to major? _____

Will you be attending school Full-Time or Part-Time? _____



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EMPLOYER/PARENT/GUARDIAN CERTIFICATION

This form is to be completed by parent/step parent(s) or legal guardian of applicant and signed by employer.

I certify the following to be true and correct:

1. The ARM Scholarship Applicant is a dependent student who receives financial assistance from me.
2. The ARM Scholarship applicant is claimed by me individually or jointly as a dependent for federal tax purposes. (*High school applicants)

Name of parent/step parent or legal guardian who is currently employed by a Direct member in good standing, of the Automotive Recyclers of Massachusetts for at least one full year before May 1st of the year the award is made.

Name: _____

Starting Date of Employment: _____

Position: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:_() _____

ARM Direct Member: _____

Signature

Date



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STUDENT PROFILE

Please answer each question as precise as possible. You may complete your answers on a separate sheet if necessary.

1. State briefly what type of person you consider yourself to be? What self-improvements have you made? What self-improvements would you like to make?
2. What career paths have you chosen for your future?
3. Why have you chosen this career?
4. What are your goals in this career? What do you personally want to achieve?
5. Do you feel your academic records are accurate with your potential? Please explain.



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Please list newspapers in your area so that we may send an announcement if you should receive a scholarship from the Automotive Recyclers of Massachusetts.

Newspaper	Address	City	State	Zip
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For graduating high school seniors, please list a contact name and address of school advisor or graduation coordinator to notify if you should receive a scholarship from the Automotive Recyclers of Massachusetts.



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INFORMATION VERIFICATION

Failure to complete any portion of this application, provide any of the required documentation, and/or knowingly furnish incorrect information, may cause revocation of the Scholarship, if granted.

I certify that the information provided in this application is correct and that I will provide any additional information if requested.

Applicant's Signature

Date

Parent's Information

I (we) certify that the information provided is true and reflects the household at this time.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please Note:

A renewal Scholarship is not guaranteed. You must re-apply each year, and include your most recent transcripts and letters of recommendation. Scholarships will can only be awarded a maximum number of four (4) times to any one individual

Thank you for applying and Best of Wishes for your future.