

## The Frozen & Refrigerated Association of the Northeast (FRANE) 2024 Scholarship Award Program <u>Confidential Scholarship Application Form</u>

## Please note:

- Applicants must complete all <u>4 pages</u> of the FRANE Scholarship Application. (fillable pdf)
- It is the applicant's responsibility to ensure that his/her Scholarship Application is complete.
- The FRANE Scholarship Committee will NOT process any applications that are incomplete.

Go to <a href="www.frane.org/scholarship">www.frane.org/scholarship</a> to download a copy of the FRANE Scholarship Guidelines and all required forms, including the 2024 FRANE Application and the Transcript Information Form (high school students only). You may also email FRANE at <a href="mailto:frane.org">frane.org</a> to request the Scholarship Application Forms.

Print your name:					
1 FRANE Application Form: Please complete and submit pages 1, 2, 3, 4. (The checklist on this page is provided so that you can make a check next to each item to confirm that you have included each required section of your application in your envelope.) Page 4 must be signed and dated by the applicant.					
2 Essay (250-500 words typed): Your essay should be about a charitable experience, achievement, or risk that you have taken and its impact on you and should not have been used in a previous submission. Submit your essay with your application.					
3 Listing of your extra curricular activities in a resume format: Include clubs, sports, community service, work experience, etc. Submit your listing form with your application.					
<b>4. High School Students:</b> Official Transcript of grades (with high school seal) and <b>SAT</b> and/or <b>ACT</b> scores – must include 2022-23 grades. <b>Minimum requirement: B- or 2.8 GPA.</b>					
<u>When complete, check the following:</u> My Official Transcript <u>and</u> the Transcript Information Form are enclosed.					
5. College Students: Official Transcript of grades (photocopies are not acceptable) – must include 2022-23 grades. Minimum requirement: 2.8 GPA.					
When complete, check the following: My Official Transcript is enclosed.					

**Questions?** Contact the FRANE – at <u>frane@frane.org</u>

Your application should be emailed to **frane@frane.org** by June 30, 2024.

Scholarship winners will be notified by mail by September 1, 2024. Names of winners will be posted on the FRANE website at <a href="www.frane.org">www.frane.org</a> on or after September 1, 2024.

Print your name:  Please type all entries in this application.				Page 2 of 4
A. APPLICANT ELIGIBILITY: To be eligible for consideration for a FRANE scholars father, grandparent, sister, brother, spouse or guardian member company, have direct responsibility for the Ne from the date of the applicant's application through June 1981.	hip, the applic n) of the applic ortheast Marke	eant or an immedi eant must be an er	mployee of a H	FRANE
1. Are you (the applicant) an employee of a FRANE n	nember compa	ny? □ Yes □ N	No	
If you selected No above, please complete a and b:  a. My mother / father / grandparent / sister / broth company.  Circle one or more of the above		-		NE member
b. My family member's name is first name	last		<del></del>	
2. <i>Required:</i> The name of the FRANE member compared Member Company Name	any that you (o	r your family men	mber) work fo	
Member Company Addressstreet		sits,	state	zip
Please email <u>frane@frane.org</u> if you have any question		ж	state	Zip
<b>B.</b> APPLICANT INFORMATION:				
1. Applicant's Name:		Date of	Birth:	
2. Legal Permanent Address:				
3. City, State, Zip:				
4. Mailing Address (if different from above):				
5. Telephone: Home- ()	Cell-(	)		
6. Email Address:				
7. Applicant's Marital Status: 🗖 Single 🗖 Married	☐ Divorced	■ Widowed		
8. Do you have any children/dependents? □ Yes □	No			
C. HIGH SCHOOL/COLLEGE INFORMATIO	<u>V:</u>			
1. Name and city/state of the high school or college the	at you are pres	sently attending:		
2. <b>High school students:</b> Give the name and telepho	ne # of your g	uidance counselor	r:	
3. In <b>September 2024</b> , what year will you be in colle	ge: <u>freshman</u>	sophomore ju		
4. In <b>September 2024,</b> will you be a full or part time		time part time the one of the above		

a l	re you currently employed	2			
2. C	b. <b>Ground For College students</b> . <b>No,</b> I do not have a jol	e of hours per w I work hours pe	er week during semester b	oreaks only. <i>Pro</i>	oceed to #2.
	Company Name and addres	s of current employer:			
3. Co	ompany Telephone #:		Duties:		
4. W	hen (month/year) did you	begin this employment?	Н	ourly Rate/Sal	ary:
5. <b>D</b> i	uring the summer, I plan	to work an average of _	hours per week		
□ N 	No plans for a summer job.		ummer job, please expl	(T-1	ase skip to section E
<u>E. A</u>	APPLICANT'S FAMILY	INFORMATION:			
Are	you listed as a dependent of	on your parent(s) or guar	rdian's tax return? 🗖 Y	es 🗖 No	
	Applicant resides with (sel nother □ father □ steppare				
2.	Father's Name:		Occupation:		
3. J	Father's Address:				
				state	zip
4. I	Father's Employer:	Name of Employer	cit	y	state
		Occupation:			
6. I	Mother's Address:				
		street	city	state	zip
7. I	Mother's Employer:	Name of Employer	-:-		-4-4-
		Name of Employer	cit	у	state
	List names, ages, and scho	-		ently living at	
]	Name	Age School	ol/College Attending		Grade/Year
_					
-					

Print your name:	<u>Page 4 of </u>
<u>F. CERTIFICATION:</u> I hereby declare that the information stated in the above	ve application is accurate and truthful.
Signature of Applicant	Date
Please note: Be sure to submit your essay and the res Activities (clubs, sports, community service, employm	,, , , , , , , , , , , , , , , , , , ,