

The Frozen & Refrigerated Association of the Northeast (FRANE) 2025 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 <u>www.frane.org/scholarship</u> to download a copy of the FRANE Scholarship Guidelines and all required forms, including the 2025 FRANE Application and the Transcripts. You may also email FRANE at <u>frane@frane.org</u> 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.

4. High School Students: Official Transcript of grades. Minimum requirement: B- or 2.8 GPA.

When complete, check the following:

____ My Official Transcript and the Transcript Information Form are enclosed.

5. College Students: Official Transcript of grades (photocopies are not acceptable) – must include 2024-25 grades. Minimum requirement: 2.8 GPA.

<u>When complete, check the following:</u> _____ My Official Transcript is enclosed.

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

Your application should be emailed to <u>frane@frane.org</u> by June 30, 2025.

Scholarship winners will be notified by email by August 15, 2025. Names of winners will be posted on the FRANE website at <u>www.frane.org</u> on or after September 1, 2025.

Print your name: _____

Please type all entries in this application.

A. APPLICANT ELIGIBILITY:

To be eligible for consideration for a FRANE scholarship, the applicant or an immediate family member (mother, father, grandparent, sister, brother, spouse or guardian) of the applicant must be an employee of a FRANE member company, have direct responsibility for the Northeast Market <u>and</u> be employed by the member company from the date of the applicant's application through June 30, 2025.

1. Are you (the applicant) an employee of a FRANE member company? **D** Yes **D** No

If you selected No above, please complete a. My <u>mother / father / grandparen</u>		/ spouse/ guardia	n is emplov	ed by a FR.	ANE member
company.			_ 1 5	J	
Circle one or more of the above					
b. My family member's name is				·	
	first name	last			
2. <i>Required:</i> The name of the FRANE	member compan	y that you (or you	r family mer	nber) work	for is:
Member Company Name			Tel. # ()	
Member Company Address					
· ·	street	city		state	zip
Please email <u>frane@frane.org</u> if you h	have any question	<i>S</i> .			
<u>B. APPLICANT INFORMATION</u>	<u>.</u>				
1. Applicant's Name:			Date of I	Birth:	
2. Legal Permanent Address:					
3. City, State, Zip:					
4. Mailing Address (if different from a	above):				
5. Telephone: Home- ()		Cell-()_			
6. Email Address:					

7. Applicant's Marital Status: Single Married Divorced Widowed

8. Do you have any children/dependents? **D** Yes **D** No

C. HIGH SCHOOL/COLLEGE INFORMATION:

1. Name and city/state of the high school or college that you are presently attending:

2.	Intended or declared Major:
3.	In September 2025, what year will you be in college: <u>freshman sophomore junior senior</u> Circle one of the above
4.	In September 2025 , will you be a full or part time student: <u>full time part time</u> Circle one of the above
5.	In September of 2025 Where will you be attending College:

D. APPLICANT'S WORK HISTORY:

 Are you currently employed? a. Yes, I work an average of hours per b. For college students. I work hours c. No, I do not have a job for this school/academ 	per week during semester breaks only. Proceed to #2.
2. Company Name and address of current employer:	
3. Company Telephone #:	_ Duties:
4. When (month/year) did you begin this employmen	t? Hourly Rate/Salary:
 5. During the summer, I plan to work an average of No plans for a summer job. If you will <i>not</i> have 	X
E. APPLICANT'S FAMILY INFORMATION:	

Are you listed as a dependent on your parent(s) or guardian's tax return? **D** Yes **D** No

\square mother \square fath	s with (select all that appler \square stepparent \square other	ly):		
. Father's Name: _		Occupation:		
. Father's Address:	:	city		
				zip
. Father's Employ	er:	loyer	<u>.</u>	
		Occupation:		state
. Mother's Address	5:			
	street	city	state	zip
Mother's Employ	ver:			
. Momer's Employ				
. Mouler's Employ	Name of Empl	loyer	city	state
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. List names, ages,	, and school/college atten	nding of brothers and sisters cu	arrently living a	t home:

F. CERTIFICATION:

I hereby declare that the information stated in the above application is accurate and truthful.

Signature of Applicant _____ Date _____

Please note: Be sure to submit your essay and the resume of your High School or College Extracurricular Activities (clubs, sports, community service, employment, etc.) with your application.