



PLASTIC MOLDERS SCHOLARSHIP FOUNDATION

SCHOLARSHIP APPLICATION

ESTABLISHED BY THE MOLDERS DIVISION
A BUSINESS UNIT OF THE SOCIETY OF THE PLASTICS INDUSTRY, INC. (SPI)
1801 K STREET, N.W., SUITE 600K, WASHINGTON, DC 20006-1301 (PHONE: 202/974-5231)

The Plastic Molders Scholarship Foundation annually awards regional scholarships of \$1,000 to individuals pursuing careers in the plastics molding industry. The Foundation awards scholarships on the basis of a competitive process that may consider academic achievement, extracurricular activities, a statement of your personal aspirations and educational goals, financial need and references. Please read the Introduction for specific criteria relating to the scholarship for which you are applying. All awards are made without regard to race, color, creed, sex, religion, or national origin. Preference will be given to employees of SPI members and children of employees of SPI members. Scholarships are not awarded if applicants are not considered qualified.

SUBMIT YOUR COMPLETED APPLICATION TO:

THE MOLDERS DIVISION
THE SOCIETY OF THE PLASTICS INDUSTRY, INC.
1801 K STREET, N.W., SUITE 600K
WASHINGTON, DC 20006-1301

DEADLINE: MARCH 1ST

Checklist:

- Completed all sections of the Plastic Molders Scholarship Application
- Signed Release Statement
- Enclosed typed introduction detailing qualifications, aspirations, accomplishments, and educational and career goals
- Enclosed three references in sealed envelopes



PLASTIC MOLDERS SCHOLARSHIP APPLICATION ~ PAGE 1 OF 4

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Applicant's Name	_____
	First Middle Last
Social Security #	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Number of Dependents: _____
Home Address	Street Address: _____ City, State, Zip: _____ Telephone: _____
Parents	Names: _____ Street Address: _____ City, State, Zip: _____ Telephone: _____
Molders Division Member Sponsor	Company: _____ Contact Name: _____ Street Address: _____ City, State, Zip: _____ Telephone: _____
Current School	Residence Hall & Room #: _____ Street Address: _____ City, State, Zip: _____ Telephone: _____
Cumulative Grade Point Average	_____



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School You Plan To Attend Next Fall	Name: _____ Street Address: _____ City, State, Zip: _____ <i>Financial Aid Officer At This School:</i> Name: _____ Street Address: _____ City, State, Zip: _____ Telephone: _____
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Class Entering	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
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Indicate Residence for Next Fall	<input type="checkbox"/> On Campus <input type="checkbox"/> With Parents <input type="checkbox"/> Independently
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Subject Major	_____
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	College/University	Location	Dates Attended
Colleges & Universities Attended	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	High School	Location	Dates Attended
High School(s) Attended	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Extracurricular Activities	<i>Please list school extracurricular activities in which you have participated.</i>		
	Year(s)	Activity	Leadership Position(s)
	_____	_____	_____
	_____	_____	_____



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Employment History

Please list employment history, starting with your most recent job.

Dates	Company/Contact	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors & Awards

Please list any honors or awards you have received.

Date	Honor/Award	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Information

Please provide your anticipated expenses and incomes:

Annual College Expenses		Annual Income for College	
Tuition/Fees:	_____	Family Contributions:	_____
Room/Board:	_____	Savings:	_____
Book & Supplies:	_____	Financial Aid:	_____
Personal Expenses:	_____	Grants:	_____
Other (specify below):	_____	Loans:	_____
_____		Work/Study:	_____
		Other (specify below):	_____

		Annual Salary:	_____
Anticipated Expenses:	_____	Anticipated Income:	_____



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APPLICATION AND INFORMATION RELEASE STATEMENT

The information provided in my application and introduction is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from receiving scholarship awards.

I, *(please print name)* _____, give permission for any college or school to release to the SPI Molders Division, any information necessary to process or maintain the Plastic Molders Scholarship.

Your signature: _____

Date: _____

Your Social Security Number: _____