

Deadline – Must be received no later than April 1st at letterhead address

Clube Madeirense S. S. Sacramento, Inc.
Vocational Award Committee
50 Madeira Ave, New Bedford, MA 02746
Telephone (508) 992-6911 Fax (508) 992-5382 Email: clubesssvocationalaward@comcast.net

**APPLICATION FOR VOCATIONAL AWARD
(Offered to students entering their trade after High School)**

- Awards of \$1,000.00 to each winner will be given upon the completion of the following requirement
 - Must be accompanied by an *official* transcript of scholastic record
 - Must be accompanied by a letter of recommendation from a senior shop teacher
 - Must be accompanied by a personal letter of applicant
 - Must contain accurate, complete and detailed information.
 - Completion and proof of 13 weeks of employment in a trade or Co-Op.

SELECT THE AWARD YOU ARE APPLYING FOR (PLEASE CHOOSE ONLY ONE)

- Open Category: Available to all candidates
- Portuguese Category: Available to candidates of Portuguese descent.
- Club Member/Madeiran Heritage Category: Available to Madeiran descendant candidates

APPLICANT'S INFORMATION (PLEASE PRINT CLEARLY)

Name in Full: _____ Telephone Number (____) _____
Home Address: _____ City: _____ State _____ Zip _____
Place of Birth: _____ Date of Birth: _____
School Now Attending: _____ School Location, City/State: _____
Email Address: _____

FAMILY INFORMATION

Fathers Name: _____ Age: _____ Place of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____ Annual Income: _____
Mothers Name: _____ Age: _____ Place of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____ Annual Income: _____

Single brothers/sisters living at home under 18 years of age or still in school and are a parent's dependent (under 25)

(Name) (Age) (School)

(Name)	(Age)	(School)

OCCUPATION / COSTS

Your Trade Choice: _____ Estimated Equipment Cost _____ Are You on Co-Op? _____

REFERENCES

List three (3) references who have known you and your parents for at least three years. Please exclude relatives:

(Name) (Address)

(Name)	(Address)

IF CLAIMING TO BE A RELATIVE OF AN ACTIVE CLUB MEMBER, complete below, otherwise leave blank

- a) Name and address of active member. If deceased, give last known address:
Name: _____ Address: _____ City/State: _____
- b) Signature of club member required: _____ Club ID#: _____ Relationship: _____
- c) If deceased member, give name: _____ Year died: _____ Relationship: _____

EXTRA CURRICULAR ACTIVITIES

List extracurricular activities you are or have been involved in:

EMPLOYMENT

List your current or past employer(s): (Limit 3)

Employer Name	Employment Dates	Hourly Wage	Number of hours per week

ABOUT YOUR PLANS

Limit your answers to the following questions in the space provided.

What are your career objectives and the reasons for your choice?

What major challenges and, or problems do you anticipate in your career?

AFFADAVIT

I hereby authorize the Clube Madeirense S. S. Sacramento, Inc. Vocational Award Committee to review information pertinent to their decision on my application with my school Senior Shop Teacher.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RANK/TEST SCORES

TO BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT

Shop and Related Grades: Shop: _____ Related: _____ Total: _____

Senior Shop Teacher Signature: _____ Date: _____

IMPORTANT!!!

Selection of awards by the Clube Madeirense S. S. Sacramento's Vocational Award Committee will be final.

WINNERS will be awarded \$1,000.00 each upon completion and proof of 13 weeks of employment in a trade or Co-Op

Failure to complete this application accurately will be reason for disqualification.

MAILING ADDRESS

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