**Bollinger Shipyards**

**Community & Technical College Scholarship**

***Please type answers on scholarship application.***

**Bollinger Shipyards Community & Technical College Scholarship**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Date of Birth:** |       |
| **Address:** |       |
| **City/State/Zip:** |       | **email:** |       |
| **Telephone #:** |       |
| **Father:** |       | **Mother:** |       |
| **Occupation/Employer:** |       | **Occupation/Employer:** |       |
| **Siblings:** | (How Many) |    |

**Gross Family Income: (*Click appropriate box*)**

[ ]  Under $50,000 [ ]  $50,000--$100,000 [ ]  $100,000--$200,000 [ ]  $200,000 plus

**Other sources of Financial Aid (*anticipated grants, scholarships, TOPS, etc*.):**

|  |
| --- |
|       |
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**Job History of Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** |       | **Employer:** |       |
| **Position:** |       | **Position:** |       |
| **Wages:** |       | **Wages:** |  |
| **Duration of Employment:** |       | **Duration of Employment:** |       |

**Educational Plans:**

|  |  |  |
| --- | --- | --- |
|  | Anticipated Major: |       |
|  | School you plan to attend: |       |

**Did you letter in a sport? (*click appropriate box, if yes, specify sport(s)*)**

 [ ]  Yes [ ]  No Sport:

***If any member of your immediate family belongs to the organization offering the scholarship you are applying for, indicate their names and relationship to you below:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Name: |       | Relationship: |       |

***Personal Testament:***

 I certify that the information provided in this scholarship application is correct to the best of my knowledge. I hereby give the scholarship selection committee permission to use this information in their deliberations. I allow my academic transcript to be released to the scholarship committees.

Student Signature Parent Signature Date

**For High School Counseling Center Use Only!**

**\_\_\_\_\_\_ \*ACT \_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_ RANK / \_\_\_**

**\*ACT score optional**

**Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESUME OF ACTIVITIES**

**STUDENT ACTIVITIES:**

List student activities in which you have participated during grades 9-12 and indicate grade level. List leadership positions held, accomplishments and grade level. One entry per line.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Activities | Grade9 10 11 12 | Leadership PositionAnd/or Accomplishments | Grade9 10 11 12 |
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**COMMUNITY ACTIVITIES:**

List community activities during grades 9-12 and indicate grade level. Indicate the hours per week. One entry per line.

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| Community Activities | Grade9 10 11 12 | Number of Hours Volunteered |
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**SPECIAL RECOGNITION, AWARDS & HONORS:**

List special recognition, awards, and honors received during grades 9-12 and indicate grade level. List commendation not previously listed. One entry per line.

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| Commendation | Grade9 10 11 12 | Group or Activity |
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**Bollinger Shipyards Scholarship**

**For Community & Technical College**

**Value: One $1,000 scholarship distributed at $250 per semester for 4 semesters.**

1. Applicants must be a ***graduating high school senior***.
2. Applicant must have a GPA of 2.5 or better.
3. Applicant may choose to attend any accredited Community / Technical school of his or her choice.
4. The applications will be reviewed by a scholarship selection committee. Members of the committee will be designees of Bollinger Shipyards Board of Directors. The committee will select students for first, second and third choice.
5. The Bollinger Shipyards Scholarship will be paid through a check from Bollinger Shipyards. One-fourth will be paid at the beginning of each of four consecutive semesters.
6. At the end of each semester, the recipient will be required to show evidence that he or she has maintained a 2.5 average (per semester, not cumulative), enrolled a minimum of six hours and registered for the next semester, or forfeit the remainder of the scholarship. This must be presented to Ms. Denise Martin for review and authorization of a payment for the subsequent semester.
7. ***One parent, step-parent, or grandparent of applicant MUST be an active full time employee of Bollinger Shipyards or one of its subsidiary companies in order to be eligible for this scholarship.*** If employment of the Bollinger relative is terminated for cause or if the Bollinger relative voluntarily resigns employment with the Company, the scholarship will be rescinded and no future payments will be issued. If the employment of the Bollinger relative is terminated for any other reason, the recipient is eligible to continue receiving the award if the remaining requirements are met.

**Applications must be received by April 7 to be considered for the scholarship award.**

**Send all completed applications to:**

Bollinger Shipyards

Attention: Denise Martin

P.O. Box 250

Lockport, LA 70374