

2017 J. H. "BUDDY" RASPBERRY SCHOLARSHIP FINANCIAL ASSISTANCE APPLICATION

Due Monday, April 17, 2017 **NO EXCEPTIONS**

BASIS OF ELIGIBILITY

The J.H. "Buddy" Raspberry Scholarship Fund is offering an additional scholarship up to \$15,000 per awarded year for economically disadvantaged individuals.

Fund scholarships shall be granted only to "Eligible Persons" who (1) are children of Employees, spouses of Employees, grandchildren of Employees, or Employees and (2) meet the minimum standards for admission to a post-secondary educational institution. An Eligible Person will be in the group of potential Fund scholarship grantees without regard to the position or duties of the Employee.

An "Employee" is defined as every active or retired individual who has worked an average of at least 700 hours per year in the West Gulf region of the United States during the last three years of active employment for an Employer. An "Employer" is defined as a regular or affiliate member of the West Gulf Maritime Association that employs I.L.A. labor pursuant to a collective bargaining agreement; the Port of Houston Authority; the West Gulf Maritime Association; the South Atlantic & Gulf Coast District of the International Longshoremen's Association, AFL-CIO; or any of its local union affiliates operating in the west Gulf.

Because selection of the recipient is based on financial need, you must provide detailed financial information.

Page 2 of this application is to be completed by the "Employee" who is the basis for the applicant's eligibility.

APPLICANT INFORMATION

Name: _____
Last First Middle

Home Address: _____

City State Zip Code

Phone #: (_____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Social Security #: _____-_____-_____

Applicant Name: _____

ILA/COMPANY EMPLOYEE INFORMATION

Name: _____
 Last First Middle

Employee's Home Address: _____

 City State Zip Code

Phone #: (_____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Social Security #: _____-_____-_____

Check the appropriate box for your involvement in the maritime industry:

____ worker under the ILA – WGMA collective bargaining agreement in the west Gulf

____ employee of the Port of Houston Authority

____ employee of the following maritime company: _____

____ employee of the South Atlantic & Gulf Coast District, I.L.A. or local union affiliate

I have the following relationship to the applicant:

____ self ____ parent ____ grandparent ____ guardian ____ spouse

THIS SECTION TO BE COMPLETED BY ILA OFFICIAL OR COMPANY MANAGEMENT:

I verify that the above named employee is an active or retired individual who has worked an average of at least 700 hours per year in the West Gulf region of the United States during the last three years of active employment for an Employer. An "Employer" is defined as a regular or affiliate member of the West Gulf Maritime Association that employs I.L.A. labor pursuant to a collective bargaining agreement; the Port of Houston Authority; the West Gulf Maritime Association; the South Atlantic & Gulf Coast District of the International Longshoremen's Association, AFL-CIO; or any of its local union affiliates operating in the west Gulf.

By: _____
Signature (other than above employee) Print Name ILA Local or Company Name

Applicant Name: _____

FINANCIAL INFORMATION

Section A. Personal Financial Information

Instructions: In this section, please provide information regarding your personal financial situation

Would you be able to attend your school of choice without any financial assistance? _____

Are You: a) married b) divorced c) separated d) single e) widowed (circle one)

I. List your four largest monthly expenses:

ITEM	COST PER MONTH
_____	_____
_____	_____
_____	_____
_____	_____

II. Are you currently responsible for supporting family members or others? If so, list the persons and amount of monetary support per month:

FAMILY MEMBER/OTHER PERSON	SUPPORT PER MONTH
_____	_____
_____	_____
_____	_____
_____	_____

III. List any employment obtained. Submit an additional sheet, if necessary, using this format.

Dates (start with most recent)	Place of Employment Include Name of Supervisor & Phone No.	Job Duties/Hours Worked	Amount Earned Per Week

IV. What is your current total balance of cash, savings and checking accounts? \$ _____
(Provide either a bank statement, letter from financial advisor or parents. Please obscure account numbers)

V. What is the current net worth of your investments? \$ _____
(Provide statement from Investment Company, financial advisor or parents. Please obscure account numbers)

Section B. Family Financial Information

Instructions: In this section, please provide information regarding your family's financial situation

Are Your Parents: a) married b) divorced c) separated d) single e) widowed (circle one)

VI. With whom do you currently live: a) both parents b) one parent c) other _____
(circle one)

VII. How many people are in your household including parents, siblings, or other children?

VII. List primary job, with company name, for the following persons, if applicable. If unemployed, note this and provide most recent job. If employed at home, list type of home-based business:

TYPE OF EMPLOYMENT (JOB TITLE)	PLACE OF EMPLOYMENT
Father _____	_____
Mother _____	_____
Guardian _____ (if not parents as listed above)	_____
Spouse _____	_____

IX. Who of the above provides your principal financial support?

X. What is the total balance of cash, savings and checking accounts for the person circled?
\$ _____
(Provide either a bank statement, letter from financial advisor or parents. Please obscure account numbers)

XI. What is the current net worth of the investments of the person you identified?
\$ _____
(Provide either a bank statement, letter from financial advisor or parents. Please obscure account numbers)

- XII. What specific financial circumstances should be taken into consideration when reviewing your application for this award (**provide any pertinent supporting documentation**)?
- XIII. Are there any extenuating circumstances that should be considered? Submit an additional sheet if necessary.

DECLARATION: I, _____ declare that all information contained in this application is true, to the best of my knowledge, and I hereby authorize the J.H. "Buddy" Raspberry Scholarship Committee to investigate all facts on this application. I understand that deliberate false statements will result in the immediate rejection of this application and revocation of any future awards from the J.H. "Buddy" Raspberry Scholarship Fund.
(THIS APPLICATION MUST BE NOTARIZED)

SIGNED: _____ DATE: _____

NOTARY ACKNOWLEDGEMENT

State of Texas

County of _____

Subscribed, Sworn and acknowledged before me by _____, and subscribed and sworn to before me by the witnesses below, this the ____th day of _____, 20__.

Notary Signature

In and for the County of _____, State of Texas

My commission expires:

ACADEMIC INFORMATION

Instruction: If you are a current high school student, please complete Section A before continuing to the next page. If you are currently in a college, university, trade school, or vocational program, please complete Section B before continuing to the next page.

Section A. Current High School Student. Attach a high school transcript as well as a copy of the official score sheet for the SAT or ACT (*applicable only if applying to a four (4) year institution*) and complete the following:

SAT:	ACT:
Math _____	Composite Score _____
Verbal _____	Writing (if taken) _____
Writing _____	

Schools Applied To:

_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___

Planned Major, Trade, or Vocation: _____

Section B. Currently Enrolled in a Higher Education Program. Attach an official transcript and complete the following:

Current Major, Trade, Vocation, or Accreditation: _____

All applicants must include recommendations from at least two educators.

Vocational applicants must include at least two employer recommendations.

PLEASE NOTE UP TO EIGHT (8) SCHOLARSHIPS ARE DESIGNATED FOR TRADE SCHOOL OR VOCATIONAL PROGRAMS INCLUDING ACCREDITATION PROGRAMS.

Applicant Name: _____

VOLUNTEER ACTIVITIES

List any extracurricular activities, including any positions held, such as President, Secretary, etc. Submit an additional sheet, if necessary, using this format.

Dates (list most recent first)	Activity	Most Significant Contribution

HONORS AND SCHOLARSHIPS

Submit an additional sheet if necessary, using this format.

Month/Year	Sponsor	Name of Award	Basis of Award

ESSAY: Discuss your connection to the maritime industry, your major area of study, and the occupation you propose to pursue after graduation. What are your long term goals, and how do you hope to achieve them? The essay may also include any other information that is relevant to your career plans. The essay should be typed with no more than 500 words, double-spaced.

APPLICATION CHECKLIST

- Completed application with the required signatures and verifications
- Documentation providing personal financial information
- Documentation providing family's financial information
- Recommendations of at least two educators
- Recommendations of at least two employers (required for vocational applicants)
- Essay (maximum 500 words)
- Official High School Transcript (current high school seniors only)
- College Transcript (applicable to currently enrolled college students)
- Trade/Vocational Program Transcript (current vocational applicants)
- Accreditation Program Certificate or verification of hours (if applicable)
- SAT/ACT Scores (current high school students only)
- Be sure your name appears on each page including all attachments

APPLICATION MUST BE COMPLETE IN ORDER TO BE ELIGIBLE FOR CONSIDERATION

J. H. "BUDDY" RASPBERRY SCHOLARSHIP FUND

1717 Turning Basin Drive, Suite 200 • Houston, Texas 77029-4060 • www.raspberryscholarship.com

ACADEMIC RECORDS RELEASE AUTHORIZATION

Applicant's Name: _____

Grade: _____

I, the undersigned, authorize my school officials to release information about my academic records to the J. H. "Buddy" Raspberry Scholarship Fund. I understand that the school record will become the confidential property of the J.H. "Buddy" Raspberry Scholarship Fund.

(Applicant's Signature)

(Date)

Applicant Name: _____

Mail your **complete** application package to:

J.H. "Buddy" Raspberry Scholarship
ATTN: Barbara Clements
1717 Turning Basin Drive, Suite 200
Houston, Texas 77029

Application must be received by Monday, April 17, 2017, NO EXCEPTIONS.

NOTE TO APPLICANT: In the event you are awarded a scholarship, the maximum amount of the award for the 2017-2018 academic year is \$15,000. The scholarship amount may be applied to tuition, institutional fees, and books (if applicable) only. The scholarship recipient is responsible for notifying the J. H. "Buddy" Raspberry Scholarship Fund of their tuition and fee bill. The J. H. "Buddy" Raspberry Scholarship Fund will pay a maximum of \$7,500 after receipt of the first semester tuition and fee bill. An additional award, with a maximum of \$7,500, is awarded after receipt of the recipient's first semester grades and second semester tuition and fee bill. Payment is sent directly to the scholarship recipient.

Applicant Name: _____