

Application for TABCO Scholarship

Applicant

Name _____

Address _____

Phone _____ Soc. Sec. # (last 4 digits) ____ _

E-mail _____

TABCO Member

Name _____

Address _____

Phone _____ Relationship to Applicant _____

Location of employment _____

Membership Status: ____ Active ____ Retired ____ # years as member

Number of siblings _____

Number of siblings currently enrolled in higher education _____

Applicant Financial Information

Applicant – Employed ____ yes ____ no

Employer _____

Employer's Address _____

Income: Weekly _____ Yearly _____

Legal Guardian Financial Information

Parent/Guardian #1 (If multiple employers, please provide information for all.)

Employer _____

Employer's Address _____

Income: Weekly _____ Yearly _____

Parent/Guardian #2 (If multiple employers, please provide information for all.)

Employer _____

Employer's Address _____

Income: Weekly _____ Yearly _____

Other sources of income for both guardians/parents (please list):

Educational Information

Status:

High School Senior _____ College – Freshman _____ Sophomore _____ Junior _____ Senior _____

Currently Attending (School) _____

University/College attending (if known) _____

College Major (intended or current) _____

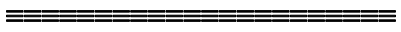


_____ Date _____

TABCO Member's Signature

_____ Date _____

Applicant's Signature



Return all scholarship information and transcripts to:

**Chairperson
TABCO Scholarship Committee
305 East Joppa Road
Towson MD 21286**

(Deadline: April 1, 2010)