Paper Stock Industries Chapter/
ISRI RRF Scholarship Application Instructions and Guidelines

Please read all instructions carefully, especially the Employee Supervisor Sign-Off Form included in this packet, to ensure the eligibility of the student for this scholarship before submitting the application. If you have any questions, contact Nini Krever, PSI Scholarship Chair, at (561) 762-7574.

1. One $5,000 Grand scholarship and a minimum of eight (8) additional scholarships in the amount of $2,500 each will be awarded to high school seniors through the Paper Stock Industries (PSI) Chapter and the Institute of Scrap Recycling Industries (ISRI) Recycling Research Foundation.

2. Each scholarship is to aid a dependent of an individual who has been employed for at least one year by a CURRENT ACTIVE, CONSUMER, or ASSOCIATE MEMBER COMPANY of the PSI Chapter. **The employee must work at one of the following:** (1) the recycling division of the company, (2) at a mill consuming recycled material, (3) in a position at a recycling plant, or (4) in a position involved in the procurement, sale, or collection of material for recycling. **Dependents of officers, principals (owners, partners, etc.) are not eligible.**

3. The applicant must have at least a C+ average in high school and meet all qualifications for admission to a regionally accredited two- or four-year post-secondary institution.

4. The applicant may attend any regionally accredited two- or four-year college of his or her choice; however, any charges over and above the amount of the scholarship will be the responsibility of the applicant.

5. Scholarship awards will be paid directly to the college of choice. In the event a recipient does not complete the full year or two (2) semesters, any refunds due MUST be paid to the PSI Chapter/ISRI Recycling Research Foundation.

6. The selection of the scholarship recipients shall be made by the PSI Chapter Scholarship Committee based on merit. Recipients will be notified by early summer 2021.

7. Scholarships will be awarded on an annual basis.

8. Application information will not be disclosed or sold, to ensure the safety and privacy of the personal information of the applicant. The PSI Chapter has a records destruction policy for all submitted material.

9. Submissions will not be returned to the applicant. Please keep a copy for your files.

**HOW TO SUBMIT YOUR APPLICATION**

Applications should be submitted electronically to PSI@isri.org by downloading this document, completing pages 2 and 3, and scanning with all the required documents IN THIS ORDER as one PDF.*

- completed Scholarship Application page (p. 2)
- signed Release Agreement and Employee Supervisor Sign-Off Form (p. 3)
- official transcript of all high school grades*
- SAT and/or ACT scores
- two (2) letters of recommendation*
- résumé of the individual’s personal history
- an essay (one typed 8.5x11 page) on one of these topics:
  A. Justice Brandeis said, “Most of the things worth doing in the world had been declared impossible before they were done.” Tell us how you would implement change in society that others might think impossible.
  B. What is something you have recently changed your mind about and why?

* Any SEALED transcripts or letters of recommendation should be mailed to PO Box 482, Palm Beach, FL 33480. Please include a copy of the completed Scholarship Application (p. 2) in the envelope with those documents.

**DEADLINE** Applications must be emailed to PSI@isri.org on or before March 15, 2021 to be considered. Please write “PSI Scholarships 2021” on the subject line of your submission.

We suggest sending your application well ahead of the deadline in case there are any problems or missing pieces.

Best of luck to all applicants. Thank you for your participation!
Paper Stock Industries Chapter/ISRI RRF Scholarship Application 2021

NOTE: Please put this as the FIRST PAGE of your application packet. Applications must be postmarked by March 15, 2021, to be eligible for consideration.

LEGAL NAME (PLEASE TYPE OR PRINT)

Last Name ____________________________ First Name ____________________________ Middle Initial _______

STUDENT CONTACT INFORMATION

Home Address ________________________________________________________________

City/State/ZIP ________________________________________________________________

Mobile Phone ( _______ ) ___________ E-Mail Address _______________________________

PSI MEMBER COMPANY INFORMATION

Company Name ________________________________________________________________

Recycling Division/Branch (if applicable) __________________________________________

Division/Branch Address ______________________________________________________

City/State/ZIP ________________________________________________________________

Name of parent or legal guardian employed by member company ________________________________

Mobile Phone ( _______ ) ___________ E-Mail Address _______________________________

Employee position at company _____________________________________________________

Is he/she a principal/owner/partner of the member company? □ Yes □ No

BE SURE TO INCLUDE THE SUPERVISOR SIGN-OFF FORM WITH THE APPLICATION.

STUDENT INFORMATION

High School Name ________________________________________________________________

City/State ________________________________________________________________

Graduation Date ____/_____/_____

GPA _______ SAT Scores: Critical Reading _______ Math _______ ACT Score _______

Please list the college or university that you plan to attend.

First Choice ________________________________________________________________

City/State ________________________________________________________________

Second Choice ________________________________________________________________

City/State ________________________________________________________________

Third Choice ________________________________________________________________

City/State ________________________________________________________________

Fall Semester Tuition Due Date: _____/_____/______
Paper Stock Industries Chapter/
ISRI RRF Scholarship Application Release Agreement

Please type or print clearly.

I, ____________________________________________, name of scholarship applicant if over 18 years of age or name of the parent if applicant is under 18, do hereby give and grant permission to the Recycling Research Foundation, Inc., the Institute of Scrap Recycling Industries, Inc. (“ISRI”), and the Paper Stock Industries Chapter of ISRI (“PSI”), the irrevocable right, permission, and license to publish, reproduce, distribute, and/or otherwise use (i) my/my child’s name, and (ii) any photographic image or likeness of me/my child in conjunction with the announcement of scholarship awards, promotion of the scholarship program, or other publication of information related to the scholarship program. I hereby waive all rights of inspection or approval with regard to any publication and/or use of my/my child’s name.

PSI Scholarship
Employee Supervisor Sign-Off Form

ELIGIBILITY GUIDELINES

The PSI scholarship is to aid a dependent of an individual who has been employed for at least one year by a CURRENT ACTIVE, CONSUMER, or ASSOCIATE MEMBER COMPANY OF THE PSI CHAPTER. The employee must work at one of the following in order for their dependent child to be eligible:

• THE RECYCLING DIVISION OF THE COMPANY
• AT A MILL CONSUMING RECYCLED MATERIAL
• IN A POSITION THAT IS AT A RECYCLING PLANT
• IN A POSITION INVOLVED IN THE PROCUREMENT, SALE, OR COLLECTION OF MATERIAL FOR RECYCLING

Dependents of principals/owners/partners are not eligible.

The employee’s supervisor must sign the statement below confirming the employee’s recycling duties.

I (name of supervisor), ____________________________________________,
work at (name of company) ____________________________________________,
at (location) ___________________________________________________________
and supervise (name of employee) __________________________________________
who works in the ____________________________________________________________ department
at (location) _____________________________________________________________.

Supervisor’s Signature: __________________________________ Date: ___________