

Institute of Scrap Recycling Industries (ISRI) Recycling Education and Research Foundation Scholarship 2020

All applicants must complete this form.

Name of ISRI Chapter:		
(Please provide your Legal Nam	e ONLY)	
First:	Middle:	Last:
College or University Student I	D #:	Date of Birth:
Email:		
Name of School:		
Address of the Bursar Office		
(Note: Do not provide general o	address of school, m	ist be directed to the Bursar office or building)
Address Line 1:		
Address Line 2:		
City:	_ State:	Zip Code:
Bursar Office Phone Number: _		
Any additional information abo	out your College or U	niversity's scholarship award policy:

RECYCLING EDUCATION AND RESEARCH FOUNDATION, INC. ABE BRENNER AND KENIVERSON SCHOLARSHIP OF THE SOUTHEAST CHAPTER

SCHOLARSHIP APPLICATION AND RENEWAL



Conserving our Future through Education

Application for Scholarship and Renewal

Where to Send Applications and Checks, See Page 4.

DUE May 15, 2020 RECYCLING EDUCATION AND RESEARCH FOUNDATION, INC. Southeast Chapter

Note: This scholarship is for \$1,250 in the 2020-2021 academic year (one payment in the fall). The Southeast Chapter Scholarship Fund provides \$750 toward the scholarship and the company sponsoring the applicant provides an additional \$500 should the applicant receive a scholarship. Prior to applying, please make sure the ISRI Member Company is willing to support the applicant and a check from the Member Company is supplied with the application.

• • • • • •	Pleas	e Type or Prin	<u>t</u>			
Legal Name				N	Aala	Female:
Last	First		Middl	e Initial		_remale:
School ID (If in College):						
Student Home Address and Pho						
Street	Apt	City	State	Zip cod	e	Phone #
Date of Birth:	Place of Birt	h:				
Name of Parent or Guardian	:					
Relationship to Student:						
Parent's Home Address and Ph	one Number <i>(if d</i>	ifferent from stud	lent)			
Street Apt		City		State Z	ip code	Phone #
Company Name		Position in Co	mpany		Dates of	f Employment
Employer Reference						
High School						
Name	City	State		Zip code	Gr	aduation Date
College						
Name	City	State		Zip code	Gr	aduation Date
Most Recent GPA: Weighted	Unweighted	SAT Sco	ores: Verb	oal <u>M</u> a	.thA	ACT Score
School Activities:						
Community/Social Activities and	nd Awards:					
Hobbies:						

Financial Questionnaire

How are you related to the individual that is employed by the sponsoring firm of this scholarship?

Child:_____ Spouse:_____ Employee (physically):_____

If you are married, please answer the following questions:

- 1. Total number of dependents including your spouse and yourself:
- 2. Total number of fulltime college students and private school students that you support:
- 3. Total working wages (salary, tips, wages etc.) of married couple. This information may be found on your W2 form. \$______
- 4. Total worth of scholarships (not just the ISRI Southeast Chapter) that you will received.
 - \$

If you are single, divorced, or widowed, please answer the following questions:

- 1. Do you totally support yourself?
 - a. If YES, please answer A, B, C, D and Omit Question 2 below.
 - b. If NO, please go on to question 2 below
 - A. As a single, the number of dependents that you support, including yourself as lis:_____
 - B. The total fulltime students in college or private school that you support is:
 - C. Your total working wages (salary, tips, wages, etc.) in the previous year were: \$______(*This information may be found on your W2 form.*)
 - D. The total worth of the scholarships that you will receive are: <u>\$</u>_____
- 2. Your legal guardian or parent's total income (salary, tips, wages, etc.):
 - A. Total Both (married) Total Primary Parent Total Secondary Parent Total Legal Guardian
 - B. Your parent's or guardian's total number of dependents, including themselves is:
 - C. The total number of students in college or private school that your parents or legal guardian support is:
 - D. The total worth of all the scholarships (notjust the ISRI Southeast Chapter) that you will receive is \$_____

Ple	se List the Institution that you Plan to Attend	
First Choice School Name:		
City:	State:	
Second Choice School Name:		
City:	State:	
Third Choice School Name:		
City:	State:	
and the	Agreement between Scholarship Applicant nstitute of Scrap Recycling Industries (ISRI), ling Education and Research Foundation, and Southeast Chapter of ISRI	
years old or the name of the give and grant permission to Institute of Scrap Recycling irrevocable right, permissio (i) my/my child's name; and	(name of scholarship recipient if recipient is over parent of recipient if the recipient is under 18 years old), do the Recycling Education and Research Foundation, Inc., th industries, Inc. ("ISRI"), and the Southeast Chapter of ISRI, and license to publish, reproduce, distribute, and/or otherwa (ii) any photographic image or likeness of me/my child in rement of scholarship awards, promotion of the scholarship	hereby ne , the ise use:

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 other use of my/ my child's name.

Name

Print: Signature:

Checklist must be complete for maximum consideration:

- 1. Official transcript of high school and/or college grades
- 2. Standardized Test Scores: SAT and /or ACT (high school only)
- 3. Two letters of recommendations
- 4. Complete Scholarship/financial application
- 5. Check with employer to make sure they are aware and okay with the employer contribution and send with the application the check for \$500.00 from the sponsoring company.

*Checks must be made out to Recycling Education and Research Foundation. Within the memo section include "Southeast Chapter Scholarship."

Mail Application & Checks to:

Blake Cloninger C/O Biltmore Iron & Metal 1 Meadow Rd Asheville, NC 28803

Contact Information: Wmblake@gmail.com 828-545-5254 (m) 828-253-9317 (w)