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 or nktraders@tradersintl.net.

1. One $5,000 Grand scholarship and additional scholarships (number to be determined) 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 employed 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 principals and owners 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-year or four-year post-secondary institution or vocational education program.

4. The applicant may attend any institution as above 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 institution of choice, not to the student, so it is the recipient’s responsibility to keep the Scholarship Chair apprised of any changes to their plans.

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 2022.

7. To ensure the applicant’s safety and privacy of his/her personal information, application information will not be disclosed or sold. The PSI Chapter has a records destruction policy for all submitted material.

8. 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.* Do not send multiple emails.

- 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, 2022 to be considered. Please write “PSI Scholarships 2022” 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!
NOTE: Please put this as the FIRST PAGE of your application packet. Do not include the instructions page.
To be eligible for consideration, emailed applications must be received (or mailed applications postmarked) by March 15, 2022.

LEGAL NAME (PLEASE TYPE OR PRINT)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Date of Birth: _____/_____/_____

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 or owner of the member company?  □ Yes  □ No

BE SURE TO INCLUDE THE SUPERVISOR SIGN-OFF FORM (P. 3) WITH THE APPLICATION.

STUDENT INFORMATION

High School Name ________________________________________________
City/State ______________________________________________________
Graduation Date _____/_____/_____
Unweighted GPA _________ SAT/ACT (where applicable) Total _________

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

First Choice ___________________________________________ Tuition Due Date: _____/_____/_____
City/State ______________________________________________________
Second Choice ___________________________________________ Tuition Due Date: _____/_____/_____
City/State ______________________________________________________
Third Choice ___________________________________________ Tuition Due Date: _____/_____/_____
City/State ______________________________________________________

Area of study (if known): ____________________________
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 employed 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 and owners are not eligible.

The employee’s supervisor must sign the statement below confirming and describing the employee’s duties
and responsibilities as related to the criteria above. Please print or type clearly.

Supervisor: _______________________________________ Job Title: _______________________________
Company Name: ___________________________________ Location: _______________________________
Department: ______________________________________ Division: _______________________________

Employee: ________________________________________ Job Title: _______________________________
Department: ______________________________________ Division: _______________________________
Employee’s Location: _______________________________________________________________________
Employee’s Job Description: __________________________________________________________________

Supervisor’s Signature: _________________________________________________ Date: ________________