TAVAC Scholarship Application

Name _____
(print) Last First M.I Age DOB

Home Address _____
Street # and Street or P.O. Box City State ZIP

Contact Number(s): _____

Email address: _____

High School: _____

School Address: _____
Street # and Street or P.O. Box City State ZIP

Paid or Non-Paid Employment History – List below, current and past employment, beginning with the most recent:

1. _____
Employer/Supervisor Dates Employed

2. _____
Employer/Supervisor Dates Employed

3. _____
Employer/Supervisor Dates Employed

Please submit the following information by the last Friday in March to your TAVAC Regional Representative.

1. A one page essay answering the following questions:
   What is your post-secondary goal?
   What successful characteristics and strengths do you have that will help you reach your post-secondary goals?
   Why are you requesting the TAVAC scholarship?
2. Three letters of recommendation:
   One letter from the nominating TAVAC member
   One letter from the Current Employer/Supervisor
   One letter from school, community resource, or work colleague
3. Personal History Form
4. Current Transcript and any other pertinent information or documentation.

Only current original application forms will be considered

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETE

I (we) authorize TAVAC to release the above information for general announcement purposes. I (we) understand that the information may be incorporated into the application folder and may be a part of his/her records.

The above information is true and correct to the best of my knowledge.

_____
Print Name (Parent) Signature Date

_____
Print Name (Student) Signature Date

_____
Print Name (Sponsoring TAVAC Member) Signature Email/Phone Number

_____
Print Name (Regional Representative) Signature TAVAC Region