



# COLUMBIA ASSOCIATION OF U.S. CUSTOMS AND AFFILIATED FEDERAL AGENCIES

## SCHOLARSHIP APPLICATION FORM

Student's Name: ( Last ) \_\_\_\_\_ ( First ) \_\_\_\_\_ ( MI ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Association Member's Name: ( Last ) \_\_\_\_\_ ( First ) \_\_\_\_\_ ( MI ) \_\_\_\_\_

Relationship to Applicant (check one):    ☐ Father    ☐ Mother    ☐ Spouse    ☐ Self

Federal Agency Name: \_\_\_\_\_

Duty Station Location: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

<i><b>Applicant's Educational Background: List ALL schools attended to date:</b></i>				
NAME OF SCHOOL	CITY AND STATE	FROM	TO	COURSE OR PROGRAM OF STUDY
Junior High School				
High School				
Other Schools				
Colleges attended				

Applicant's Grade Point Average: \_\_\_\_\_ SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Class Standing: \_\_\_\_\_ of \_\_\_\_\_

College / University (attending or planning to attend): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Class Status, Fall term of (year) \_\_\_\_\_ (check one):    ☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior    ☐ Graduate

<i><b>Community / Volunteer Activities:</b></i>			
Name of Agency & Person in Charge	Type of Service Rendered by Agency	Your Activities / Responsibilities	Period of Service (Dates, Hours / Week)

***Other Interests: (include H.S. clubs, etc.):*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i><b>Employment Experience:</b></i>				
Type of job	Type of firm	Wages	Dates of employment	Your comments about the position

***Awards:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_