



# New England Produce Council Scholarship Application

Complete all items accurately and clearly; missing or incorrect items will delay the processing of the application. Please print in ink or type.

Return all forms to:

NEPC Office  
27 Richardson Street  
Wakefield, MA 01880

**Postmarked No Later than July 1st**

## Legal Name

\_\_\_\_\_  
Last First Middle

## Social Security

□ □ □ - □ □ - □ □ □ □

## Sex

Female  Male

## Date of Birth

□ □ - □ □ - □ □ □ □

## Home Address

\_\_\_\_\_  
Number and Street ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City State Zip

## Residence

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Permanent resident alien number (if not a U.S. Citizen)

\_\_\_\_\_  
State in which you claim residence

\_\_\_\_\_  
Country

\_\_\_\_\_  
Address at which you have resided for past 12 months

\_\_\_\_\_  
Employer, length of employment, and average hours per week (if employed in past 12 months)



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## Parents or Guardians

\_\_\_\_\_

Full Names

\_\_\_\_\_

Number and Street Address

\_\_\_\_\_

City State Zip

## Signature

I certify that the information provided on this application is accurate and true.  
I understand that falsified information may result in denial of Scholarship.

I waive my right  
to review my high school  
counselor's comments.

I do not waive my right  
to review my high school  
counselor's comments.

\_\_\_\_\_

Applicant Signature Date

## To Be Completed By High School Guidance Counselor

All applicants must have this section completed  
by the High School guidance counselor.

## High School CEEB Code

## Rank in Class

\_\_\_\_\_ / \_\_\_\_\_ after

- Six semesters
- Seven semesters
- Eight semesters

School does not rank students.

## Grade Point Average

\_\_\_\_\_ / \_\_\_\_\_

G.P.A. Scale





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**High School**

Indicate High School graduation date.

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Month

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Year

Indicate High School from which you did or will graduate.

\_\_\_\_\_ Name

\_\_\_\_\_ Number and Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

**SAT/ACT**

Indicate high school from which you did or will graduate?

\_\_\_\_\_ SAT date(s)

\_\_\_\_\_ ACT date(s)

**List of High School Extra Curricular Activities**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Higher Education**

List all colleges, universities, or technical schools that you have attended, or are currently attending.

INSTITUTION	CITY & STATE	DATES OF ATTENDANCE	CURRENTLY ATTENDING
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Institution which accepted \_\_\_\_\_ (Attach letter of acceptance.)







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## RECOMMENDATION FOR SCHOLARSHIP

**TO THE APPLICANT:** Please complete the top section of this form (Please type or print).

Full Legal Name \_\_\_\_\_

Present Address \_\_\_\_\_

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

I waive my right to review this recommendation.       I do not waive my right to review this recommendation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PERSON PROVIDING THE RECOMMENDATION:** Please complete this section and mail to the address shown below.

I have known the applicant for \_\_\_\_\_ years in my capacity as \_\_\_\_\_.

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

Characteristics	No Basis for Judgment		Weak		Below Average		Average		Above Average		Exceptional	
A. Motivation	0	1	2	3	4	5	6	7	8	9	10	
B. Intellectual Ability	0	1	2	3	4	5	6	7	8	9	10	
C. Breadth of General Knowledge	0	1	2	3	4	5	6	7	8	9	10	
D. Understanding of Major Field	0	1	2	3	4	5	6	7	8	9	10	
E. Ability to Analyze Ideas	0	1	2	3	4	5	6	7	8	9	10	
F. Ethical Standards and Integrity	0	1	2	3	4	5	6	7	8	9	10	
G. Oral English Expression Skills	0	1	2	3	4	5	6	7	8	9	10	
H. Written English Expression Skills	0	1	2	3	4	5	6	7	8	9	10	
I. Potential Success	0	1	2	3	4	5	6	7	8	9	10	
J. Promise in Scholarship / Creative Endeavor	0	1	2	3	4	5	6	7	8	9	10	
K. Overall, I expect the applicant's work to be:	0	1	2	3	4	5	6	7	8	9	10	

2. On a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success?

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Institution or Affiliation \_\_\_\_\_ Address \_\_\_\_\_

*This recommendation should be sent to: NEPC Office . Gloria Circle . Burlington, MA 01803*

***Postmarked No Later than July 1st***