

*Type or print all information except for signatures.
Attach additional sheets to this application if necessary.*

Application Postmark Deadline is May 31st of the current year.

APPLICANT

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: ____-____-____ Social Security Number: ____-____-____

Email Address: _____

SPONSORING PARENT OR GUARDIAN

Last Name: _____ First Name: _____

Employer (must be IPF Contributor): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: ____-____-____ Relationship to Applicant: _____

EMPLOYER CERTIFICATION

I, _____, verify that _____ is a
(NAME OF SUPERVISOR) (NAME OF EMPLOYEE)

management employee of _____, and
(COMPANY)

therefore, the "child" of said employee is eligible for the DISCA Scholarship.

Employer Signature: _____

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information provided on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of DISCA.

Signature: _____ Date: _____

HIGH SCHOOL OR SECONDARY SCHOOL

School Name: _____ Graduation Date: _____

City: _____ State: _____

School Phone: ____-____-____

COLLEGE CURRENTLY ATTENDING (IF APPLICABLE)

School Name: _____ Graduation Date: _____

City: _____ State: _____

School Phone: ____-____-____

COLLEGE OR VOCATIONAL SCHOOL

Name of college or vocational school you plan to attend or are attending. (If unknown, please list in order of preference, schools to which you have applied.) Use official school names.

School: _____ City: _____ State: _____

School: _____ City: _____ State: _____

Type of School:

4-year college or university 2-year community or junior college Vocational-technical school

Anticipated Date of Graduation: _____ Enrollment Date: _____

Major or Course of Study: _____

EMPLOYMENT RECORD

Provide employment for the last four years:

EMPLOYER	NATURE OF EMPLOYMENT	DATES (Month / Year)		HOURS PER WEEK
		FROM	TO	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VOLUNTEER EXPERIENCE

Describe your volunteer experience during the past four years:

POSITION	TYPE OF WORK PERFORMED	DATES (Month / Year)		HOURS PER WEEK
		FROM	TO	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACTIVITIES, AWARDS, & HONORS

List all activities, both school and community, in which you have participated during the last four years. Please include any special awards, honors, or offices held:

ACTIVITY	# OF YEARS PARTICIPATED	SPECIAL AWARDS OR HONORS	OFFICES HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

On a separate piece of paper, please type your responses to the following questions.

Please limit your submissions to 250 words or less.

- Career Goal** Describe your career goal and the reasons you have made such a choice.
- Personal Experience** Describe your most rewarding extracurricular activity, your contribution to it, and how it has affected you as an individual.
- Official Record** Have you ever been convicted of a crime? If so, provide detail.

Important Note: All students must submit their official transcripts along with this application.

EVALUATION AND RECOMMENDATION

(To be completed by a high school counselor, advisor, or instructor.)

You have been asked to provide information in support of this application to the Drywall & Interior Systems Contractors Association, Inc. of New Jersey. Please give immediate and serious attention to the following statements. Please type or print.

Please provide the following information in support of the scholarship application of

When completed, please forward directly to DISCA (postmarked no later than May 31st of the current year)

Richard Alampi, Executive Director
Drywall Interior Systems Contractors Association, Inc. of New Jersey
390 Amwell Road, Suite 402
Hillsborough, NJ 08844

Applicant's Name: _____

Name and Position of Evaluator: _____

Name of Employer/School: _____

Address: _____

Phone: _____ - _____ - _____ How long have you known the Applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the Applicant: _____

The Applicant's Choice of College or Vocational School

Extremely Appropriate Appropriate Inappropriate

The Applicant's Achievements Reflect His/Her Ability

Extremely Well Well Not Well At All

The Applicant's Ability to Set Realistic and Attainable Goals

Excellent Good Poor

The Quality of the Applicant's Commitment to School, Work and/or Community

Excellent Good Poor

The Applicant Demonstrates Curiosity and Initiative

Extremely Well Well Not Well At All

The Applicant Demonstrates Good Problem Solving Skills, Follows Through and Completes Tasks

Extremely Well Well Not Well At All

The Applicant's Respect for Self and Others

Excellent Good Poor

Additional Comments Please: _____

Signature: _____ Date: _____