



**ISRI**

*Voice of the Recycling Industry™*

# Institute of Scrap Recycling Industries (ISRI) Southeast Region Scholarship 2023

All applicants **must** complete this form.

(Please provide your Legal Name ONLY)

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**College or University Student ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

## **Address of the Bursar Office**

*(Note: Do not provide general address of school, must be directed to the Bursar office or building)*

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Bursar Office Phone Number:** [01202 553222](tel:01202 553222)

**Any additional information about your College or University's scholarship award policy:**

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ABE BRENNER AND KEN IVERSON  
SCHOLARSHIP OF THE SOUTHEAST REGION

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SCHOLARSHIP APPLICATION AND RENEWAL



Conserving our Future through Education



**Please List the Institution that you Plan to Attend**

First Choice

School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Second Choice

School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Third Choice

School Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**Release Agreement between Scholarship Applicant  
and the Institute of Scrap Recycling Industries (ISRI)  
and Southeast Region of ISRI**

I, (name of scholarship recipient if recipient is over 18 years old or the name of the parent of recipient if the recipient is under 18 years old), do hereby give and grant permission to the Institute of Scrap Recycling Industries, Inc. ("ISRI"), and the Southeast Region of ISRI, 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 other use of my/ my child's name.

**Name**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Checklist must be complete for maximum consideration:

1. Official transcript of high school and/or college grades
2. Standardized Test Scores: SAT and /or ACT (high school only)
3. Two letters of recommendations
4. Complete Scholarship/financial application
5. Check with employer to make sure they are aware and okay with the employer contribution and send with the application the check for \$500.00 from the sponsoring company.

*\*Checks must be made out to "Southeast Region ISRI"*

*\*Donations are not Tax Deductible per IRS*

**Mail Application & Checks to:**

Thomas Bennett  
C/O High Tide Metals  
1535 King St. Ext.  
Charleston, SC 29405

**Contact Information:**

Tbennett@hightidemet  
als.com  
W:843-723-7821  
C:843-822-3399