

# The Allan Z. Gilbert Memorial Scholarship Fund Application

Allan Z. Gilbert Scholarships are available to the employees & children of companies that are active members of the New England Refreshment Services Association



Please PRINT or TYPE all entries. Attach additional sheets if more space is needed. Applicants are encouraged to submit answers to questions on the last page as a Word Document (or similar). Completed applications must be received before May 31. Deliver via US mail, fax or pdf (emailed pdfs are preferred). **Picture formats (jpeg, etc.) for the application or grade report will not be accepted.** Send to:

The Allan Z. Gilbert Memorial Scholarship Fund  
c/o Canteen Norwood  
180A Kerry Place  
Norwood MA 02062

Voice – 617-548-1012 Email – stevef617@outlook.com

## Applicant Information

last name			first	middle initial	date	phone
home address		city state		zip		
email address		date of birth	marital status	<input type="checkbox"/> Single <input type="checkbox"/> married	# of dependents	
additional email address(s)						

All correspondence will be done by email. Please provide at least one additional email address which may be a parent's if applicable.

- Applicants must plan to be a full-time student at an accredited institution of undergraduate higher education. This scholarship is not available for graduate programs.
- A panel of educators independent of the vending industry or the NERSA will score each application using consistent scoring metrics. Please be aware that any sections left blank or incomplete may be scored at zero points for that section.
- This application will not be eligible unless it includes the applicant's most recent **academic grade report** AND is **signed by a representative** of the NERSA member company.

For Allan Z. Gilbert Scholarship Fund Committee Use Only:

Date Received \_\_\_\_\_ ☐ Signed by Applicant ☐ Signed by NERSA Member ☐ NERSA Member Co in good standing  
☐ Signed by Parent ☐ -N/R ☐ Grades included

## ☞ Employment ☞

List employers for the last 5 years beginning with your present or most recent employer.

Employer	Position/Duties	Salary	hours / month	# months	total hours per year

## Education

I presently attend:      ☐ High School      ☐ Junior or Community College      ☐ Senior College      ☐ Vocational School

[illegible]

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

Next fall term I will be attending: ☐ Junior or Community College ☐ Senior College ☐ Vocational School

I will be a: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior \*not available for graduate programs

My college will be: \_\_\_\_\_ College website: \_\_\_\_\_

City State  
Zip

High School Attended

Name of School

Date Graduated	Grade Point Average
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College Attended

Name of School

Degree  
Major

Years Attended	Grade Point Average
1	2.5
2	2.5
3	2.5
4	2.5
5	2.5
6	2.5
7	2.5
8	2.5
9	2.5
10	2.5
11	2.5
12	2.5
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96	2.5
97	2.5
98	2.5
99	2.5
100	2.5

List any academic honors you have achieved:

[illegible]

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**IMPORTANT** – Please note that this application will not be eligible unless it includes the applicant’s most recent **academic grade report** AND is **signed by an officer** of the MVA member company.

## 🌀 Activities 🌀

List your past or current community or extracurricular activities:

<u>date or period</u>	<u>activity</u>	<u>hrs / month</u>	<u># months</u>	<u>total hours per year</u>
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•				
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•				

List any offices or leadership positions you have held:

<u>date or period</u>	<u>description</u>
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•	
•	

## 🌀 Educational Program 🌀

Describe the educational program for which you are seeking this scholarship, including the name of the institution or organization sponsoring the program, the subject matter or area of study, how long it will take to complete, the cost of the program and whether any degree will be awarded upon completion. Please attach any printed material describing the program or the sponsoring institution or organization.

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Explain your reasons for applying for this scholarship and why you believe it should be awarded to you.

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What are your career goals for the first five years after earning your degree?

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## 🔗 Student's Income & Expenses for One School Year 🔗

State only amounts of which you are certain or can reasonably estimate. Do not include financial aid for which you are applying:

### Income

- 1 From scholarships, fellowships or tuition waivers \$ \_\_\_\_\_
- 2 From your savings or investments \$ \_\_\_\_\_
- 3 Earnings during school year \$ \_\_\_\_\_
- 4 Earnings during summer \$ \_\_\_\_\_
- 5 Earnings of spouse \$ \_\_\_\_\_
- 6 Financial aid from parents \$ \_\_\_\_\_
- 7 Loans (banks, school, government) \$ \_\_\_\_\_
- 8 Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### Expenses

- 1 Tuition: Private \$ \_\_\_\_\_  
In-State \$ \_\_\_\_\_  
Out-of-State \$ \_\_\_\_\_
- 2 Fees, books, supplies \$ \_\_\_\_\_
- 3 Room & board at school \$ \_\_\_\_\_
- 4 Rent, food, utilities off campus \$ \_\_\_\_\_
- 5 Clothing, laundry, cleaning \$ \_\_\_\_\_
- 6 Other \_\_\_\_\_ \$ \_\_\_\_\_
- 7 Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

State whether you are eligible for reimbursement from any other source for any of the expenses to be incurred in participating in this educational program and if so, the amount eligible for reimbursement.

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State the amount of scholarship funds you are seeking and provide an estimated breakdown of how these funds will be spent.

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## 🔗 Required Signatures 🔗

If you are claimed by your parents/guardians as a tax deduction, they must complete and sign the section below.

Number of dependent children attending college, including applicant?

Parents/Guardians income:

- ☐ Under \$75,000
 ☐ \$75,000 - \$100,000
 ☐ \$100,000 - \$125,000
 ☐ over \$125,000

(Print) Parent or Guardian Name

Email address

Parent or Guardian Signature

**x**

☐ Not required - Applicant not claimed as deduction on parent/guardians tax return

☒ I agree to furnish the Scholarship Fund Committee proof of course completion and grades. In making this application for an Allan Z. Gilbert Scholarship I certify that, to the best of my knowledge, the information in this application is complete and accurate.

Signature of Applicant:

**x**

Date \_\_\_\_\_

☒ I am aware that this applicant is applying for an Allan Z. Gilbert Memorial Scholarship and verify the eligibility.

☒ The parent of this applicant is a current, legal employee of the MVA member company designated below.

MVA Member Company Name

Signature of verifying MVA member company officer, manager or representative

**x**

◀ Required for eligibility

Verifying name printed

Date \_\_\_\_\_

Email Address