

SOUTHEASTERN INSULATION CONTRACTORS ASSOCIATION RICK HUGGINS SCHOLARSHIP FUND



For Members, Their Employees, Their Dependents

Applicant: Please complete all sections of this application and email the application to director@seica.org. Use N/A if question does not apply. Please type or print using ink. Appearance and completeness of application will be considered during evaluation.

I. APPLICANT CONTACT INFORMATION

Name: _____
Last First Middle

Student Number #: _____ School: _____

Address: Home: _____
Number & Street City State Zip

College: _____
Number & Street City State Zip

E-Mail: Home: _____ College: _____

Telephone: Home: _____ College: _____

Present age: _____ Date of birth: _____
Month Day Year

Marital status: _____ Spouse's name: _____

Spouse's occupation: _____ Spouse's annual income: \$ _____

Number of dependents other than spouse: _____

Parent or legal guardian's name: _____ Relationship: _____

Address, if different than item above: _____

Name of employee of SEICA member firm: _____

Name of SEICA member firm: _____

Relationship of employee to applicant: _____

II. SCHOLASTIC INFORMATION

Provide names, city, and state of high schools, vocational schools, career development programs, colleges, and/or universities you have attended or are currently attending. List most recent first. Be sure to indicate month and year of anticipated graduation.

Four-Year College	Attended (from-to)	Major	Anticipated Month & Year of Graduation
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A. _____

B. _____

Community activities (Boy Scouts, Girl Scouts etc.):

Athletics: _____

Other: _____

III. EMPLOYMENT HISTORY

List full-time employment, summer employment, or other part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week. Add additional sheets as necessary.

From: _____ To: _____
Month Year Month Year

Firm's name and type of business: _____

Address: _____

Supervisor's name and position in company: _____

Your duties: _____

_____ Wages: \$ _____

From: _____ To: _____
Month Year Month Year

Firm's name and type of business: _____

Address: _____

Supervisor's name and position in company: _____

Your duties: _____

_____ Wages: \$ _____

