



THE ASSOCIATION OF BI-STATE MOTOR CARRIERS
263-D Distribution Street, Newark, NJ 07114

The 2021 Samuel L. Cunninghame Memorial Scholarship

SCHOLARSHIP APPLICATION FORM -- PLEASE SUBMIT BY MONDAY, MAY 17, 2021

Please Complete Form then Print or Save and Email:

Student's Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Last	First	Middle		
Student's Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Street	City	State	Zip Code	
Date of Birth	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>
Current School Attended	<input type="text"/>				
School Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Street	City	State	Zip Code	

Answers requiring additional space may be continued on a separate 8 1/2" x 11" sheet

Expected/Actual H.S. Graduation Date Current GPA* *minimum 2.5 required

Scores on SAT or ACT (check one) Approximate Household Income** : \$

*****Our scholarship is not purely need-based, and is not strictly based on academics. Please provide any information on unusual hardships or financial circumstances on a separate piece of paper. This information will be kept confidential to protect your privacy.***

Extra-curricular Activities, Class and School Organizations (offices held, awards, etc. -- please list chronologically and provide dates of involvement):

Personal/Community Service/Volunteerism (includes employment and other activities outside of school):

Miscellaneous: Special interests, hobbies or additional relevant information. Please state your plans for college or university study; identify the major academic interests that you hope to pursue:

I hereby affirm that all of the information provided by me is true and correct to the best of my knowledge. I also consent that if I am the award recipient, my picture may be taken and used for promotional purposes. I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded. I understand that failure to attend an accredited two-year or four-year college or university or at an accredited vocational/technical institution within 120 days of receiving this award will result in forfeiture of the scholarship funds.

Check Box to Agree

Date

MEMBER COMPANY INFORMATION

Sponsor's Name

Relationship to Applicant

Email

Association Member Company Name

Company Address

Street

City

State

Zip Code

**Company must be an Association Member-in-good-standing for a minimum of six months by the application deadline in order to be eligible. The Association of Bi-State Motor Carriers Scholarship Committee reserves the right to verify all information provided. Applicant's personal information will be kept confidential. All decisions of the Scholarship Committee are final.*

REQUIRED DOCUMENT CHECKLIST (all documents must accompany this application for consideration)

- Completed Scholarship Application Form with all required signatures
- A copy of your current High School or College Transcript, IF AVAILABLE
- Essay response (approximately 200-250wds) to the following question

The Coronavirus pandemic has presented a number of operational, financial, and social challenges for everyone over the past year. How has it affected you personally, and what are you most looking forward to doing once the social distancing restrictions are fully lifted?

Mail to: Association of Bi-State Motor Carriers, 263-D Distribution Street, Newark, NJ 07114 ATTN: Scholarship, or **Email:** LisaY@thebistate.com . **ALL COMPLETED APPLICATIONS MUST BE RECEIVED BY MONDAY, MAY 17, 2021.**