



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

The 2023 Samuel L. Cunninghame Memorial Scholarship

SCHOLARSHIP APPLICATION FORM -- PLEASE SUBMIT BY Tuesday, May 9, 2023

Please Type or Print:

Student's Full Name _____
Last First Middle

Student's Address _____
Street City State Zip Code

Date of Birth _____ Phone (_____) _____ Email _____

Current School Attended _____

School Address _____
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 (circle 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.

Applicant Signature _____ Date _____

MEMBER COMPANY AUTHORIZATION Please have an officer at the Member Company (other than your sponsoring parent/guardian) sign below. They may also email authorization directly to LisaY@thebistate.com

Parent/Guardian's Name _____ Job Title: _____

Relationship to Applicant: _____

Signature of Authorized Company Executive _____ Email _____

Bi-State Member Company _____

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 200-250 wds) to the following question:

What life event, accomplishment, or milestone are you looking forward to experiencing in the next 5 years, and why?

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 TUESDAY, MAY 9th, 2023.**