



# SCHREIBER®

Schreiber Foods, Inc.

## SCHOLARSHIP APPLICATION

Schreiber Foods, Inc. Community Partners

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_
  
2. Home Address:  
Street: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  
3. Parent's Names: \_\_\_\_\_
  
4. Are parents or student employed by Schreiber Foods?  Yes  No
  
5. College or University you plan to attend:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Major Field: \_\_\_\_\_  
Do you plan to obtain a bachelor's degree? \_\_\_\_\_  
Do you plan to be a full time student?  Yes  No
  
6. Scholastic Record (to be completed by Guidance Dept. or counselor)  
Class Ranking \_\_\_\_\_ In a Class of \_\_\_\_\_ students  
ACT score: \_\_\_\_\_ SAT score: \_\_\_\_\_  
School Official's signature: \_\_\_\_\_

**(Please Attach Copy of Students Transcript and Test Scores)**

