For more resources related to the trades visit mainebluecollar.com



DEADLINE FOR RETURNING THIS FORM IS APRIL 15th

Full Name:		
Home Address:		
Email Address:		
Phone Number:		
Name of High School:		
Name of vocational school:		
Name of Technical School you plan to atte	end:	
Major:	Cost:	
OR Company you are employed with:		
List High School/Vocational Honors received	ed and any extracurricula	ar activities
P	CONFIDENTIAL ERSONAL RECORD	
Father or Guardian (indicate which):		
Occupation:		
Mother or Guardian (indicate which):		
Occupation:		
Total number of persons dependent on pa	arents (including self):	
Are you a child of a veteran?	Yes	No

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References : 2	persons.	not related	l to vou	whol	know v	/ou
References . z	persons,	notrelated	,,			0u

Name	Address	Phone Number
WORK EXPERIENCE:		
What part time wor	k have you done during your l	high school years?
Year	Company	Job Description
The information tha	It I have submitted in this app	lication is,
to the best of my kn	owledge, honest and correct.	
Signature		
By checki	ng this checkbox, I certify that	t the information I have submitted in this
• •	on can be used by future empl ployer for an internship or ap	loyers and I understand that I may be contacted
-		APPLICATION EXPLAINING WHY
		AT YOUR FUTURE PLANS MIGHT BE.
Please mail your Applicat	ion and essay to:	
Maine Blue Collar Sch	olarship Foundation	
PO Box 606 Gorham, ME 04038		
Or submit online:		
email to info@mainet	oluecollar.com t mainebluecollar.com	
use the maple form a		