

Member-Personal Profile for the BCTGM Scholarship Program

This questionnaire is designed to collect information about your background, your interests, and your college and career plans. Your answers to these questions will be reviewed by our BCTGM scholarship judges composed of education professionals. Your responses are confidential.

A. You – the Applicant							
Legal name in full							
LAST (please print one le	etter per box)	FIRST					
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Permanent home addre	988 						
Number and Street							
Number and Street							
City		State Zip Code	 				
Talambana		Data of Divide	Check one				
Telephone		Date of Birth	──				
Area Code Number		Month Day					
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P. Work Experience							
B. Work Experience							
Please list current Employer at which you are a BCTGM member.							
Please list current En	aployer at which you are	a but Givi member.					
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Employer	Address	BCTGM Local Union #	Dates of Employment				
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Employer		BCTGM Local Union #	Dates of Employment				
Employer	Address	BCTGM Local Union #	Dates of Employment Date(s)				
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Employer Please list other e	Address mployment for last ten ye	BCTGM Local Union #					
Employer Please list other e	Address mployment for last ten ye	BCTGM Local Union #					

C. Education

High School Graduation Date
Name and Address of School
Date you Expect to Start or Continue College/Technical School

List any advanced or special program courses/classes you have taken. List the most recent course/class first.

Course/Class	Name of School/Institution	Date(s)			

D. Choice of College/University/Technical School

Please list the top three colleges/universities/technical schools you are applying to or have been accepted to for the 2025 Fall Semester.

I.			
II.			
III.			

E. Your Activities

1. List community activities in which you have participated without pay (i.e. charities, church work, coaching, outreach programs):

Kind of Activity	Name of Agency/Organization	Date(s)			

F. Family

Applicants	to	scholarship	programs	represent	diverse	social,	economic,	ethnic,	and	occup	oational
groups. Ple	ase	e describe ar	ny relevant	family cha	racteristi	cs or ex	kperiences	that you	wish	to sha	are with
us.											

Applicant's Signature

Date Signed

Please look over this form to make sure you have answered all the questions completely. It is your responsibility to ensure that you send this to the BCTGM SCHOLARSHIP OFFICE by the program deadline.

RETURN THIS COMPLETED FORM AND ALL OTHER REQUIREMENTS TO:

Bakery, Confectionery, Tobacco Workers and
Grain Millers International Union
Attn: Scholarship Office
10401 Connecticut Avenue
Kensington MD 20895-3961

Phone: 301-692-2878 E-mail: jmarques@bctgm.org

