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 letter per box) FIRST

Permanent home address

Number and Street

City State Zip Code

Telephone

Area Code Number

Date of Birth

Month Day Year

Check one
☐ Male
☐ Female

B. Work Experience

Please list current Employer at which you are a BCTGM member.

Employer	Address	BCTGM Local Union #	Dates of Employment

Please list other employment for last ten years if applicable.

Job Classification	***Employer***	***Date(s)***

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 occupational groups. Please describe any relevant family characteristics or experiences that you wish to share 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

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