



CLUB SPORT UNIÃO MADEIRENSE

46 Madeira Ave.
Central Falls, RI 02863
FUNDADO EM 1923
Tel. 401-726-9449

www.madeiraclub.org

C.S.U.M. SCHOLARSHIP FUND

Three (3) \$1,000. scholarships will be awarded to students pursuing a post-secondary degree who meet the following criteria:

1. Applicants must be members and/or children/ grandchildren of active members with more than one year of membership.
2. Applicants will attend or are already attending post secondary institutions.

The respective scholarships shall be given to the chosen students by order of a check written to the College, University or Technical School in which they're attending or will be attending.

The awarding ceremonies will be held on the anniversary of the club, November 19, 2011.

Scholarship applications available at:

- > Club S.U. Madeirense (during regular business hours)
- > On our website <http://www.madeiraclub.org/scholarships.html>
- > Or contact: Manny Martins Cell 617-335-1985 or Joe Andrade Cell: 401-265-6845

Instructions:

1. Fill out the scholarship application.
2. Two letters of recommendations (from teachers, guidance counselors, coaches, clergy or an employer)
3. An official transcript of your grades in an envelope stamped with the school seal.
4. Typed essay selected topic:

Write an essay that explains your educational plans and how those plans will lead to your choice career. How did you choose that career and who or what influenced your decision. Your essay will be a significant part of your application, so please give it considerable thought.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED



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C.S.U.M SCHOLARSHIP-2011 Application

Please print legibly with black or blue pen.

Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Information

Are you an active member of the C.S.U Madeirense? **Yes:** ____ **No:** ____

Have you been a member for more than 1 year? **Yes:** ____ **No:** ____

If not an active member, please state the name of active member that you are related to:

Name: _____

Member since: _____

Family Information

Parent/Guardian Name: _____ Relationship: _____

Employer: _____ Occupation: _____

Parent/Guardian Name: _____ Relationship: _____

Employer: _____ Occupation: _____

Name of dependents* your parents/guardians support:

*Dependents = living at home under 18 years or age; or still in school and are parents' dependents (under 25)

Name: _____ Age: _____ Occupation: _____

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School Information

School you are currently attending: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Current GPA/Graduating GPA*: _____ Graduating Year _____

*For students who have not completed their first semester of College, please enter your High School graduating GPA.

Extracurricular Activities and Awards

List any clubs, sports, awards/honors, hobbies, volunteer work, or community or church service you have been involved in during the past two years:

College/University Information

Colleges/universities to which you:

Have Applied	Have Been Accepted

Intended major: _____



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Employment Information

List your current and past three employers. Start with your most recent employer:

Company Name	Position	Years	No of Hrs./week

**Mail your complete application package (postmarked) no later than November 4, 2011
Or deliver your application to the Club by November 7, 2011.**

C.S.U.M. Scholarship Committee
46 Madeira Avenue
Central Falls, RI 02863

I agree that my child's name can be used in announcements made by C.S.U. Madeirense: Yes: No:

I certify that all information submitted with this application form is complete and accurate to best of my knowledge. I agree to provide proof of information upon request.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____