



## CLUB SPORT UNIÃO MADEIRENSE

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

[www.madeiraclub.org](http://www.madeiraclub.org)

### C.S.U.M. SCHOLARSHIP FUND

Six \$500 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 14, 2009.

#### **Scholarship applications available at:**

- > Club S.U. Madeirense (during regular business hours)
- > On our website <http://www.madeiraclub.org/scholarships.html>
- > Or contact: Ronnie Agrela Cell 401-480-7203 or Marco Pais - Cell: 401-499-2027 - Email: [mpais@rwu.edu](mailto:mpais@rwu.edu)

#### **Instructions:**

Fill out the scholarship application.

1. Two letters of recommendations (from teachers, guidance counselors, coaches, clergy or an employer)
2. An official transcript of your grades in an envelope stamped with the school seal.
3. A typed essay on 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**



# CLUB SPORT UNIÃO MADEIRENSE

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

## C.S.U.M SCHOLARSHIP-2009 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: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_



# CLUB SPORT UNIÃO MADEIRENSE

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

## 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: \_\_\_\_\_



# CLUB SPORT UNIÃO MADEIRENSE

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

## 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 October 30, 2009  
Or deliver your application to the Club by November 2, 2009.**

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: \_\_\_\_\_