

Re-Application TAVAC Scholarship Application

Name _____
(print) Last First M.I Age DOB

Home Address _____
 Street # and Street or P.O. Box City State ZIP

Contact Number(s): _____

Email address: _____

High School: _____

School Address: _____
 Street # and Street or P.O. Box City State ZIP

Paid or Non-Paid Employment History – List below, current and past employment, beginning with the most recent:

1. _____
 Employer/Supervisor Dates Employed
2. _____
 Employer/Supervisor Dates Employed
3. _____
 Employer/Supervisor Dates Employed

Please submit the following information by the last Friday in March to your TAVAC Regional Representative.

1. A one page essay answering the following questions:
 What successful characteristics and strengths do you have that will help you reach your post-secondary goals?
 Why are you requesting the TAVAC scholarship?
2. Two letters of recommendation from persons directly involved in training/education
3. Re-application Personal History Form
4. Current Transcript and any other pertinent information or documentation.

Only current original re-application forms will be considered

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETE

I (we) authorize TAVAC to release the above information for general announcement purposes. I (we) understand that the information may be incorporated into the application folder and may be a part of his/her records.

The above information is true and correct to the best of my knowledge.

Print Name (Parent/Adult Student) Signature Date

Print Name (Student if not an adult) Signature Date

Print Name (Sponsoring TAVAC Member) Signature Email/Phone Number

Print Name (Regional Representative) Signature TAVAC Region