INDIANA LABORERS' TRAINING TRUST FUND SCHOLARSHIP AWARD APPLICATION MUST BE RECEIVED BY APRIL 30th

| 1. | Applicant's Name | Mr./Miss | | | | | | | | | |
|--------|---|-----------------------|-----------------------|--|--|--|--|--|--|--|--|
| 2 | Last | | First | Middle | | | | | | | |
| 2. | AddressStreet or R.R. | City | Zip Code | Phone Number | | | | | | | |
| 3. | Social Security Number | Date of Birt | :h | Age | | | | | | | |
| 4. | Father's Name | Living | Wor | rking | | | | | | | |
| 5. | Mother's Name | Living | Wor | king | | | | | | | |
| 6. | Check one Applicable: Parent/Guardian: 1 or In Construction Management, Employed | | | | | | | | | | |
| 7. | Number in FamilyApplicant' | s Estimated Income | This Year | | | | | | | | |
| 8. | Selected for Enrollment AtCollege or Un | iversity | Term: Fall - Spr | ing Year | | | | | | | |
| 9. | Attending or Have Attended: High School / | 9 | 9 | 2 Table 1 Tabl | | | | | | | |
| - | Years Attended | | Last Yea | r Attended | | | | | | | |
| 10. | On a Separate Sheet List High School & College Activities or Any Special Recognition Received | | | | | | | | | | |
| 11. | Are You being Considered For, or Have You Been Awarded, A Scholarship for the Coming School Year From Any Other Agency, Organization, or School - YesNo | | | | | | | | | | |
| | THE FOLLOWING SUPPOR | | | | | | | | | | |
| | AN ADMISSION CONFIRMATION | | | NIVERSITY. | | | | | | | |
| | HIGH SCHOOL OR COLLEGE GR | ADE TRANSCRIPT | rs. | | | | | | | | |
| | A RECOMMENDATION FROM YOUR SCHOOL ADVISOR OR A RESUME OF YOUR PERSONALITY TRAITS. | | | | | | | | | | |
| | YOUR PARENTS'/GUARDIANS SIGNED COPY OF THEIR LAT | | | | | | | | | | |
| | fy that all information in this application is ac isqualify my application. Signed | curate and true. I u | nderstand that any in | formation given falsely | | | | | | | |
| provid | The Indiana Laborers' Training Fund Scholar ling the recipient is in good academic standing ng Trust Fund. The Award may be cancelled | g & grade transcripts | s are forwarded to th | e Indiana Laborers' | | | | | | | |

SEND ALL APPLICATIONS TO: DIRECTOR, INDIANA LABORERS' TRAINING TRUST FUND, P.O. BOX 758, BEDFORD, INDIANA 47421

or disciplinary probation at the end of end semester/quarter.

INDIANA LABORERS' TRAINING TRUST FUND SCHOLARSHIP AWARD PROGRAM PARENTS' CONFIDENTIAL STATEMENT

Miss Name of Applicant_____ Last Middle Social Security No. Mr. First Father's Name Living Working Father's Occupation Mother's Name Living Working Mother's Occupation Guardian's Name (If Applicable) Address City Zip Phone Street or R.R. Estimated Do You Have Yes_____ Estimated Family Income Last 12 Months Expenses Next 12 Months A Bank Account - No_____ Rent Home Monthly Payment Monthly Payment Monthly Payment Monthly Payment Number In Family Number at Home Number at Home Working ______ List Family Cars Owned____ Make and Year Make and Year Make and Year List Other Investments List Any Major Indebtedness_____ Child Support Received During the Past Year_____ Child Support Payment Made During the Past Year_____ Investment Income During the Past Year We declare that information reported on this form to the best of our knowledge is true, correct, and complete. A true signed copy of our latest federal income tax return is attached. Signatures Of: Parents or Guardian

RESUME OF APPLICANT'S PERSONALITY TRAITS

(To be filled in by principal or counselor)

The information below will complete the picture of the applicant's traits and abilities and will be of great assistance to his college counselors. You are asked to be perfectly frank in describing the applicant's traits. Your answers will be treated in a strictly professional manner. Please write as if you were talking confidentially to the college counselor. Please comment on or check all appropriate items. STUDENT'S NAME Middle First Last PERSONALITY Strengths **Characteristic Traits** Perseverance ☐ Industry Cheerfulness Leadership Accuracy Unselfishness Moral M Reliability Patience Cooperation Tact Other Other Weaknesses Interests Laziness Poor study habits Literary Scholastic Irresponsible Lacks self-confidence ☐ Dramatic Musical Disrespectful Lacks self-discipline Forensic Athletic Immaturity Artistic Mechanical Other _____ Other Does the pupil 'mix' and participate in school and community affairs? If not, why? Handicaps because of employment, finances, shyness, prejudices, domineering personality, conflicts with parents or teachers, etc. SOCIAL ADJUSTMENTS What physical defects or deformities, if any, has the student? Defective vision or hearing, stammering, PHYSICAL heart or lung disorder etc. HANDICAPS RECOMMENDATIONS - REMARKS: I recommend highly I recommend ☐ I recommend with reservation I do not recommend SIGNATURE _____ DATE _____

| כדד: | IDENT | | | | | | | | | | | | |
|---|---|------------|---------------|--------|------------|---------|---|--|--|--|---|--|--|
| | | i pive f | orm to | vour | high s | chool o | counselo | or | | | | | |
| Complete this section and give form to your high school counselor | | | | | | | HOME | | | | | | |
| NA | AME | | | | | | | ADDRESS | eet and Number | City | State | | |
| | Last Name | | | First | | ٨ | /liddle | 20.00.00 | eet and Number | City | Otalo | | |
| BIRTH DATE Day Year | | | | | | | | SOCIAL SECURITY NO. | | | | | |
| HIG | H SCHOOL CO | UNS | ELC | R: | | | | | | | | | |
| He | of your standard t | ranscr | iot ar | nd rec | ommo | endati | on for | n is acceptable. Whethe | r or not you use | this form | in its entirety, | | |
| PL | PLEASE COMPLETE THE INFORMATION REQUESTED IN THIS BOX and return with other credentials to: Office of Admissions | | | | | | | | | | | | |
| High School Name | | | | | | | | School Addr | School Address | | | | |
| E.T.S. (C.E.E.B.) Student Code | | | | | | | | Was/Will Be | Was/Will Be Graduated (Date) | | | | |
| RA | RANK Student's Number From Top of Class Approximate Exact | | | | | | | | | | | | |
| " | Number in Senior Class Rank based on semesters. GPA /4.00 scale | | | | | | | | | | | | |
| | DEC | diament in | | | | | *************************************** | Annual Indiana and Annual Indiana | | | | | |
| GRA | GRADES College Recommendation | | | | | | | | | | | | |
| PER | PERIODS Laboratory carried in minutes | | | | | | | | | | | | |
| | | arried is | n mini | ites | | | | Laux | natory carried in i | iiiiidies | | | |
| | NATURE OF NCIPAL OR | | | | | | | | | | | | |
| | INSELOR | | | | | GRA | DES | UNDER YEAR TAI | KEN OR AT | TACH T | RANSCRIPT | | |
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| LANGUA | | - | + | | | | | | | | | | |
| | | - | | - | | | | NAMES AND LOCAT | TONS OF OTHER | SCHOOL | S ATTENDED | | |
| 田田 | | + | | | | | | | | | | | |
| SCIENCE | | | | | | | | | | | | | |
| SC | | | | | | | | KEY FOR INTERPRETATION OF MARKING SYSTEM | | | | | |
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| SOCIAL | | - | | | | | _ | Lateration | | | | | |
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| MISCELLANEOUS | | | | | | | | | | | | | |
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