

# International Longshoremen's Association Port of Jax. College Scholarship Fund Application 2019-2020

## SCHOLARSHIP REQUIREMENTS:

- **3.0 or better** cumulative G.P.A. – (current high school/college official transcript must accompany application).
  - **Current High School Senior**, entering college freshman for **fall of 2019**
  - **Currently enrolled** college student (at least **12** credit hours each semester for college credit or at least **22** contact hours per week for \* vocational). Must be seeking an AA, AS or BS. (**Graduate degrees are not eligible at this time**)
  - **Demonstrate** Financial Need (Your parents'/guardians'/spouse and/or your **2018** Tax Return may be required).
  - **Community** Service Vita (See Attachment)
1. **Essay – Several federally funded organizations were impacted over the past few months as a result of the 35-day US Government shutdown. What 3 primary maritime agencies were impacted the most and how? Do you feel this shutdown will have a long-term impact on the US economy and its infrastructure globally? All Essays must meet the following structural guidelines; (Essay text should be a minimum of 2 pages, no more than 6, double spaced, typed in proper APA Essay format).**

### Essay will be graded on the following:

- ✚ Ability to clearly answer question
- ✚ Organization/Essay Writing Skills
- ✚ Grammar/Punctuation/Sentence Structure
- ✚ Appearance



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix (Sr./Jr. II, III)

\_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_ SS# \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Optional not mandatory)

Date of Birth: \_\_\_\_\_ (month/day/year).

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

High School or College you currently attend: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cumulative G.P. A. \_\_\_\_\_ (**Please attach/enclose current transcript, applications without transcripts will not be REVIEWED**)

How did you learn of the ILA Local 1408 College Scholarship Fund Program? \_\_\_\_\_

Is your parent or grandparent a member of the ILA Local 1408? [ ] No [ ] Yes If yes, please give their name:

\_\_\_\_\_ Relationship to you [ ] parent [ ] grandparent

**Please state in the space provided: (Attach extra sheet for further explanation, if needed).**

1). Briefly describe your Financial Need. How many students in household who are currently in college?

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2). The academic goal(s) you wish to achieve and major course of study you intend to pursue:

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3). Your career and employment goals:

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4). Honors, awards and extra-curricular activities:

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**Please state below the college/university you will be entering/attending the Fall term of 2019.**

College

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize release of my grade history and other information (financial aid) in regards to this application, to the scholarship donor, office of admissions and student aid for the purpose of evaluating the information and my academic progress as a scholarship recipient.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application, official transcript, community service vita and essay to:

**ILA JAX SCHOLARSHIP FUND, PORT OF JACKSONVILLE**  
**Attn: REVIEW BOARD**  
**Post Office Box 13203**  
**Jacksonville, Florida 32206**

**Application DEADLINE DATE**  
**FRIDAY, May 31, 2019**

**Applications must be postmarked by May 31, 2019**  
**NO EXCEPTIONS**

**For additional information call (904) 885-4600 or email us at [ilajaxscholarshipfund@gmail.com](mailto:ilajaxscholarshipfund@gmail.com)**

**PLEASE NOTE:** Applications for college admission must be made separately to the college of your choice.



## Community Service Vita

Please list all charitable organizations to which you volunteered your time. Provide the organizations name and purpose, contact person who can verify your involvement, and the number of hours you volunteer per month. Additionally, please include a detailed description of volunteer activities performed at the organization and describe the positive impact you have made through your efforts.

**Organization:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Volunteer Activities Performed:**

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**Total Volunteer Hours:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Volunteer Activities Performed:**

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**Total Volunteer Hours:** \_\_\_\_\_

(Attach additional sheet if needed)



## Community Service

What types of service qualify?

- Service through school or community-based service, learning projects
- Service with community organizations that can be verified by the organization
- Service with a faith-based organization that is not proselytizing \* or religious instruction

Service that DOES NOT qualify.

- Paid or stipend service
- Lobbying
- Religious instruction
- Conducting worship services
- Engaging in any form of proselytizing\*
- Efforts that are directed to serve only a family member

***You must have a minimum of 50 community service hours to qualify for scholarship.***

\*Proselytizing generally refers to any attempt to convert somebody to a religious faith or political doctrine.