

**Deadline – Must be received no later than April 1<sup>st</sup> at letterhead address**

Clube Madeirense S. S. Sacramento, Inc.

Vocational Award Committee

50 Madeira Ave, New Bedford, MA 02746

Telephone (508) 992-6911 Fax (508) 992-5382 Email: [clubesssvocationalaward@comcast.net](mailto:clubesssvocationalaward@comcast.net)

**APPLICATION FOR VOCATIONAL AWARD**  
**(Offered to students entering their trade after High School)**

- ☐ Awards of \$1,000.00 to each winner will be given upon the completion of the following requirement
- ☐ Must be accompanied by an *official* transcript of scholastic record
  - ☐ Must be accompanied by a letter of recommendation from a senior shop teacher
  - ☐ Must be accompanied by a personal letter of applicant
  - ☐ Must contain accurate, complete and detailed information.
  - ☐ Completion and proof of 13 weeks of employment in a trade or Co-Op.

**SELECT THE AWARD YOU ARE APPLYING FOR (PLEASE CHOOSE ONLY ONE)**

- ☐ Open Category: Available to all candidates
- ☐ Portuguese Category: Available to candidates of Portuguese descent.
- ☐ Club Member/Madeiran Heritage Category: Available to Madeiran descendant candidates

**APPLICANT'S INFORMATION (PLEASE PRINT CLEARLY)**

Name in Full: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Now Attending: \_\_\_\_\_ School Location, City/State: \_\_\_\_\_

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

**FAMILY INFORMATION**

Fathers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Single brothers/sisters living at home under 18 years of age or still in school and are a parent's dependent (under 25)

(Name) (Age) (School)


**OCCUPATION / COSTS**

Your Trade Choice: \_\_\_\_\_ Estimated Equipment Cost \_\_\_\_\_ Are You on Co-Op? \_\_\_\_\_

**REFERENCES**

List three (3) references who have known you and your parents for at least three years. Please exclude relatives:

(Name) (Address)


**IF CLAIMING TO BE A RELATIVE OF AN ACTIVE CLUB MEMBER, complete below, otherwise leave blank**

a) Name and address of active member. If deceased, give last known address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

b) Signature of club member required: \_\_\_\_\_ Club ID#: \_\_\_\_\_ Relationship: \_\_\_\_\_

c) If deceased member, give name: \_\_\_\_\_ Year died: \_\_\_\_\_ Relationship: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES

List extracurricular activities you are or have been involved in:


EMPLOYMENT

List your current or past employer(s): (Limit 3)

Employer Name	Employment Dates	Hourly Wage	Number of hours per week

ABOUT YOUR PLANS

Limit your answers to the following questions in the space provided.

What are your career objectives and the reasons for your choice?


What major challenges and, or problems do you anticipate in your career?


AFFADAVIT

I hereby authorize the Clube Madeirense S. S. Sacramento, Inc. Vocational Award Committee to review information pertinent to their decision on my application with my school Senior Shop Teacher.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RANK/TEST SCORES

TO BE COMPLETED BY THE SCHOOL GUIDANCE DEPARTMENT

Shop and Related Grades:              Shop: \_\_\_\_\_ Related: \_\_\_\_\_ Total: \_\_\_\_\_

Senior Shop Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT!!!

Selection of awards by the Clube Madeirense S. S. Sacramento’s Vocational Award Committee will be final.

WINNERS will be awarded \$1,000.00 each upon completion and proof of 13 weeks of employment in a trade or Co-Op

Failure to complete this application accurately will be reason for disqualification.

MAILING ADDRESS

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