

*Delta County*  
**2013 STEWART MANUFACTURING SCHOLARSHIP APPLICATION**

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**Personal Information**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Home School: \_\_\_\_\_ CTE Class/Section: \_\_\_\_\_

Applied and accepted at a college, trade school or apprenticeship program for 2013 Fall Semester:      YES      NO

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**Personal Reference** *(List someone who can vouch for your character. Do not use your CTE instructor.)*

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Name: \_\_\_\_\_ Company, Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Work Experience** *(Include all part and full time jobs.)*

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Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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**Awards and Activities** *(Include awards and activities at both the Career Technical Center and your home school.)*

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Student Organizations: \_\_\_\_\_  
\_\_\_\_\_

Offices Held: \_\_\_\_\_  
\_\_\_\_\_

Awards/Certificates: \_\_\_\_\_  
\_\_\_\_\_

Athletics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Work: \_\_\_\_\_  
\_\_\_\_\_

Church Activities: \_\_\_\_\_  
\_\_\_\_\_

Other Community Related Involvement:  
\_\_\_\_\_  
\_\_\_\_\_

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**Student Signature** *(Sign on the line below where it says (Signature))*

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**In addition to this application**, you need to prepare a one page essay. Click the Essay tab at the top of the Stewart Manufacturing Scholarship Application web page for more information.

\_\_\_\_\_  
*(Signature)* \_\_\_\_\_ *(Date)*

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\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_