



**SPRING 2016 CARROLS LLC
COMMUNITY SCHOLARSHIP FUND
SCHOLARSHIP APPLICATION**

APPLICANT NAME: _____

REGION 5



Carrols LLC Community Scholarship Fund Application Form

Presented by local BURGER KING® restaurants and made possible through the sale of Scholar Buck\$.

POSTMARK DEADLINE: April 18, 2016 **General Instructions:** Answer all questions to the best of your ability and follow the instructions completely. Be careful not to duplicate your responses. The selection of scholarship recipients will be influenced by the completeness of replies, neatness and legibility. Please type or print, using black ink. **This form must be submitted with most recent high school or college transcripts and/or records. Please be sure to complete pages with all certifications, recommendations and signatures.**

When you have completed this Application Form, please review it to make sure you have answered all questions accurately. Obtain the signatures of your guidance counselor, employer, principal and parent/guardian. Be sure to sign it yourself as well. Make a copy of the Application Form for your records.

Application Checklist

- Application Form, complete with certifications, recommendations and signatures.
- Official School Transcript

Please note: Incomplete Application Forms or Application Forms postmarked after the deadline and not containing appropriate signatures (parent/guardian, guidance counselor, etc.) will not be accepted. All applicants must be a High School Graduate enrolled in college by Fall of 2016. College acceptance letters are NOT considered proof of enrollment.

I. ADMINISTRATIVE INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant Name: _____

Home Address: Number & Street _____

City _____ State _____ Zip _____

Home Phone Number: (____) _____

School Name: _____

School Address: Number & Street _____

City _____ State _____ Zip _____

Phone Number: (____) _____

Principal's Name: _____

Do you or a relative currently work for Carrols/BURGER KING®? If so, give name, store # and location

If you are currently a college student, skip sections II & V

II. STUDENT ACTIVITIES

Instructions: If you participated or held membership in any of the following school activities, place an "X" in the appropriate space for grade level (participation). If you held an elected office or leadership position (i.e, editor, soloist, captain) note it in the space provided.

	9	10	11	12	Total X's
Student Council					
Position: _____	—	—	—	—	—
High School Newspaper					
Position: _____	—	—	—	—	—
High School Yearbook					
Position: _____	—	—	—	—	—
National Honor Society					
Position: _____	—	—	—	—	—
Service Clubs					
Club/position: _____	—	—	—	—	—
Club/position: _____	—	—	—	—	—
Music Club:					
Club/position: _____	—	—	—	—	—
Club/position: _____	—	—	—	—	—
Athletic Clubs/Teams:					
Club/position: _____	—	—	—	—	—
Club/position: _____	—	—	—	—	—
Additional Clubs/Activities:					
_____	—	—	—	—	—
_____	—	—	—	—	—

TOTAL Number of X's: _____

III. EMPLOYMENT HISTORY

Please provide information regarding your current employment history. Begin with your current or most recent job. Do not exceed the space provided. You do not have to be a Burger King employee to be eligible for a scholarship.

Current Job/Title: _____

Name of Company: _____

Address/Phone Number: _____

Employer's Name (should match name from Employer Recommendation below) _____

From: _____ To: _____
(month/year) (month/year)

IV. EMPLOYER RECOMMENDATION

To assist in the selection of qualified candidates in the determination of the scholarship recipients, place an X in the box that best describes the Applicant.

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
A. Employee is dependable					
B. Employee is punctual					
C. Employee is diligent and works hard					
D. Employee is willing to learn new tasks					
E. Employee takes initiative in his/her job					
F. Employee has a good attitude toward work					
G. Employee gets along well with and is respected by co-workers					
H. Employee is valued by his/her immediate supervisor					

*This employee has worked for me for _____ years and/or _____ months for approximately _____ hours/week.

Comments (if desired): _____

I certify this employee is not related to me by blood or marriage.

Employer Signature: _____ Title: _____

Employer Name (please print/type): _____ Date: _____

V. PRINCIPAL/GUIDANCE COUNSELOR/TEACHER RECOMMENDATION

Please describe in the space provided why you feel the student deserves a scholarship (use additional sheet if needed).

Name: (please print/type): _____ Title: _____

Signature: _____ Date: _____

VI. COMMUNITY SERVICE/INVOLVEMENT

Instructions: List all community service/involvement at the national, state, city, county or school level (do not repeat items from school activities list). Include the name of the organization, the number of years you served or volunteered and your responsibilities. Limit your response to the space provided.

	<u>Organization Name/Contact Person</u>	<u># Years</u>	<u>Responsibilities</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		

Applicant Name (PRINT)

VII. STUDENT CERTIFICATION

A. I certify that all information provided in this application form is true and factual to the best of my knowledge.

Signature of Applicant: _____ Date: _____

B. I have reviewed the applicant's responses and certify that they are correct, insofar as official school records and my personal knowledge of the applicant. A copy of the student's official transcript is included. I certify the applicant is not a relative by blood or marriage.

Signature of Advisor/Principal/Teacher: _____ Date: _____
(Not required for current college students)

VIII. RELEASE/AGREEMENT

I agree, if I am selected as a recipient of a scholarship, BURGER KING® and Carrols LLC (a franchisee of Burger King Corporation) may use my name, resume, photograph and any other information provided in this application for the purpose of news, publicity and current or future promotions. I also certify all information contained in this application is true and factual.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(IF APPLICABLE)

**AN OFFICIAL SCHOOL TRANSCRIPT WHICH CONTAINS CLASS RANK (IF AVAILABLE)
AND TEST SCORES (IF AVAILABLE) AND THIS COMPLETED APPLICATION FORM MUST
BE RETURNED TOGETHER, POSTMARKED BY APRIL 18, 2016 TO:**

**CARROLS LLC
ATTN: Jan Otto
1446 Reynolds Road
Suite 311
Maumee, OH 43537**