

The Carolinas Food Industry Council (CFIC) is proud to offer employees of its member companies the opportunity to apply to win a \$2,500 Everett & Trudy Suddreth Scholarship of Excellence Award. Funded by the Council's charitable foundation, the Retail Consumer Alliance (RCA), this scholarship is awarded annually to a total of 40 deserving students.

\$2,500 Scholarships Available for High School Seniors!

Who Is Eligible

- High School Seniors enrolling for the 2022 fall semester who are a spouse or dependent of a permanent, full-time employee of a CFIC Retail, Wholesale or Supplier member company. Employee must be employed for at least one year as of 1/1/22.
- Any student who at a minimum is a part-time employee of a CFIC Retail, Wholesale or Supplier member company for at least six months as of 1/1/22.
- The food industry employee, whether a parent, spouse, or student, must be employed with an CFIC member company located in North or South Carolina at the time the winners are selected. Qualified scholarship recipients may attend a college located in any state.
- Four 2022 scholarships have been designated for a student who is currently attending a majority-minority high school or will be attending a Historically Black College or University in the fall. If either of those apply to you, please be sure to indicate it in the "College Information" and/or "High School Information" section.
- Previous winners are eligible to reapply.

How To Apply

Visit our website at cficweb.org to print a copy of the application. If you need an application mailed call (919) 832-0811.

Completed application and official transcript
must be postmarked by March 25, 2022
and mailed to:

RCA Foundation
Attn: CFIC Scholarship
PO Box 1030
Raleigh, NC 27602

Winners

- Scholarship winners will be selected by an independent academic scholarship evaluator.
- All applicants will be notified via email in June.
- Winners must be enrolled in college full-time for the 2022 fall semester.
- Scholarship awards will be mailed directly to the student and made payable to the college.

Check List

To ensure accurate completion before submission

- Completed and signed student section of application in its entirety. Incomplete applications will be rejected.
- Delivered page 3 of application to Guidance Counselor for counselor to complete.
- Mailed completed application and official high school transcript to RCA. Photocopies will not be accepted.

Questions? Contact John McNair at (919) 832-0811 or email johnm@ncrma.org

The Retail Consumer Alliance Foundation, Inc. (RCA) was organized in 2008 to foster stronger community partnerships between consumers and the retail industry. We do this by funding an annual educational scholarship program and making annual contributions to Feeding the Carolinas food banks.

The applications are reviewed by an independent academic scholarship evaluator, and winners are determined based on objective, measurable point-based criteria established by the RCA Board.

Applicants agree that scholarship funds are to be used solely for educational purposes but are not limited to tuition only. If the applicant does not attend an educational institution in the school year for which scholarship funds were to be awarded or for a partial school year, the scholarship applicant acknowledges that they have no property or vested rights in the scholarship funds, that RCA maintains all rights to these funds, and the funds shall be returned to RCA by the educational institution.

Completed by Student

Type or Print Legibly
(blue or black ink only)

Incomplete applications will be rejected

Mr./Ms.: _____ First Name: _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

*Student's Email: _____

*Parent/Secondary Email (optional): _____

**An email will be sent to both addresses to notify you. Be sure to print legibly.*

Eligibility/Work History My eligibility to apply for this scholarship is based on the employment of:

- Parent or guardian (Complete A only) Myself (Complete B only)
 Both: Parent & Myself (Complete Both A & B below)

A. Parent/Guardian or Spouse Employment Information:

Parent Name: _____

Name of CFIC member company that parent works for:

Company is located in: City: _____ State: _____
(Store or company must be located in North or South Carolina)

Company Phone #: _____

Employment began at this company on: _____
(Must be employed at least one year as of 1/1/22 and at the time the scholarship is awarded; employment will be verified.)

B. Student Employment Information:

Student Name: _____

Name of CFIC member company that student works for:

Company is located in: City: _____ State: _____
(Store or company must be located in North or South Carolina)

Company Phone #: _____

Employment began at this company on: _____
(Must be employed at least six months as of 1/1/22 and at the time the scholarship is awarded; employment will be verified.)

Average number of hours student works per week: _____

Completed by Student (List additional information on a separate sheet of paper.)

Describe any additional part-time jobs you have held during the school years. *Include average weekly hours worked.*

CFIC Office Use Only: Date Application Received: _____ Date Official Transcript Received: _____

(List any additional information on a separate sheet.)

_____ **Last Name, First Name**

Extracurricular Activities

Describe how you were involved in high school activities such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. In the right-hand column, designate by number, the high school year in which you participated in each activity as follows: 1-Freshman 2-Sophomore 3-Junior 4-Senior.

Activity	Position Held	Hours per Week	Year of Participation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your involvement in community service or activities outside of school, such as Boy or Girl Scouts, 4-H Club, recreational or club sports, church organizations, volunteering etc.

Activity	Year(s) of Participation	Activity	Year(s) of Participation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any special recognition you have received for outstanding schoolwork, extra-curricular or community service, such as honors, prizes or scholarships.

Recognition	Year Received	Recognition	Year Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

College Information

College you plan to attend during the fall semester of 2022: _____

Is this college/university recognized as a Historically Black College or University? Yes No

Major (optional): _____

High School Information

List all schools attended from 9th-12th grades.

Please indicate if your current high school is a majority-minority high school. Yes No

Name of High School	City and State	Attendance Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Name, First Name

Student's Release of Records

To comply with the provisions of the *Family Educational Rights and Privacy Act of 1974*, permission is hereby given to school officials to release the secondary school record and other requested information for consideration in this scholarship program.

Applicant's Signature: _____ Date: _____

Parent's Signature (if student is under 18): _____ Date: _____

*Email: _____

**This email address will be the one used to notify you by June 2022. Be sure to print legibly.*

I certify that all of the information contained in this application is correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Completed by Guidance Counselor

- Enclosed is a copy of the student's fall 2021 transcript.
- Completed the information on right.
- Signed certification statement below.
- Mailed to: RCA Foundation

Attn: CFIC Scholarship
PO Box 1030
Raleigh, NC 27602.

High School Type:

- Public Private
- Special or Magnet Home School

GPA <i>weighted</i> <i>(do not list unweighted)</i>	
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I certify that all the information on this form is accurate and that the student's records have been included with the 3-page application.

Counselor's Signature: _____

Counselor's Name (PRINT): _____

Counselor's Office Phone Number: _____

Counselor's Email Address: _____

Mail application and official transcript to:

**RCA Foundation
Attn: CFIC Scholarship
PO Box 1030
Raleigh, NC 27602**

**Postmarked by:
March 25, 2022**