

ABC Diversity Scholarship Fund

Employer Questionnaire

Company Name: _____

Company Address: _____

Phone: _____

Fax: _____

Primary Contact: _____

Primary Contact Email: _____

____ ABC Member Date Joined _____

____ NAMC Member Date Joined _____

Minority Contractor Certification:

Agency you are certified by: _____

Please include a copy of your certification document. (ABC will accept certification from the Pennsylvania Department of General Services, The City of Philadelphia, or any other incorporated municipality or school district)

Scholarship Applicant:

Name: _____

Job Title: _____

Date Hired: _____