



**George B. Berg Memorial
DECA Scholarship
SCDC 2024**

George B. Berg was a high school DECA Advisor at Hull High School prior to becoming the Massachusetts DECA Treasurer and Director of Finance for 35 years. In addition to serving as treasurer, Mr. Berg was a District Co-Chair and dedicated MA DECA Board of Directors' member. He worked in the Massachusetts DECA Tabulation Center at the State Career Development Conference for over forty years.

- The George B. Berg scholarship award will be during the 2024 State Career Development Conference.
- **Applications must be postmarked by February 9, 2024.**
- Send your application and supporting documentation to:

Susan Nobrega
MASS-DECA
PO Box 486
Rochester, MA 02770

Any current high school student who is currently an active member of the High School Division of MASS-DECA who intends to pursue a full-time (2-year or 4-year) college education may apply for this scholarship.

The following items must be included in your application:

- _____1. Application form (complete in every detail).
- _____2. Official transcript of high school grades.
- _____3. Letter of recommendation from your DECA Advisor.
- _____4. Any supplemental information that you believe would be useful to the Scholarship Selection Committee.
(Documentation of DECA participation and accomplishments)

The completed application form and the necessary substantiating information will be submitted to the local DECA Chapter Advisor for approval and forwarded to Susan Nobrega at the above stated address. Application and all supporting data must be received at the MASS DECA PO Box.

Awards will be paid directly to the college or school in January of the following year. A copy of your first term grades verifying your major must be received at the MASS-DECA office before the award will be paid. Awards not used/claimed within one (1) year of the date awarded will revert back to MASS-DECA.

**GEORGE B. BERG MEMORIAL MASS DECA
SCHOLARSHIP APPLICATION 2024**

Please print neatly or type.

Request for school year: 2024-2025

NAME:

Email:

Cell:

HOME ADDRESS:

(include street, city, zip)

DATE OF BIRTH:

DATE OF HIGH SCHOOL GRADUATION:

NAME OF DECA CHAPTER:

NAME OF DECA CHAPTER ADVISOR:

INCLUSIVE YEARS IN DECA

I certify that the information given on this application is correct. Should I be awarded this scholarship I agree to give strict attention to my studies and regulations of the college. If I should fail to maintain my academic record or willfully violate college regulations, I agree to surrender all rights of ownership to the unused portion of the scholarship.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

Please use a separate sheet for the following:

How has participating in DECA prepared you for life after graduation, and what do you feel was the most important aspect of this DECA educational experience?