



SCHOLARSHIP PROGRAM APPLICATION

Student Information

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

College: _____

Year you will be entering:

Freshman Sophomore Junior Senior Grad School

Sponsor Information

(Must be a Member in Good Standing when the award is made)

Name: _____

SSN: _____

Local Union and District Council Numbers: _____

Relationship to Student: _____

*To apply for the scholarship, be sure to submit with this form:
1. Typed essay not exceeding two pages, 2. Relevant transcript(s),
and 3. Three non-family character references.*

Closes July 1st!