
# Scholarship Application Form

*Name* _____

*Address* _____

*Phone # (  )* _____

*Are you a Local 243 Member?* ☐ *Yes* ☐ *No*

*If so, what is your Social Security number?* _____

*Are you a spouse of child of a member?* ☐ *Yes* ☐ *No*

*(If yes, attached a signed statement from the member describing your relationship to the member and the member's Social Security number)*

*If you are presently in school, please state:*

a) Name/Address of school _____

b) Grade or Year _____

Which school do you want the scholarship paid to?

_____

To complete your application, have you attached?

- Copy of SAT, ACT or GRE scores?
  *(Not necessary if applying to trade or vocational school)*
- High school and college (if applicable) transcript(s)

## Application Deadline: October 28th