

# LOCAL 243 SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Are you a Local 243 member?   \_\_\_ Yes   \_\_\_ No

Company \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a spouse or child of a member?   \_\_\_ Yes   \_\_\_ No

If yes, member's Social Security # \_\_\_\_\_

and company \_\_\_\_\_

If you are presently in school please state

name/address of school \_\_\_\_\_

grade or year \_\_\_\_\_

Which school do you want the scholarship paid to?

Have you attached: (a) copy of SAT or GRE; (b) Essay; (c) high school (and college) transcript?