

SCHOLARSHIP APPLICATION



PLEASE FILL OUT THE REQUIRED INFORMATION BELOW AND FORWARD ALONG WITH A COPY OF YOUR GRADES TO UFCW LOCAL 1459 AT THE ADDRESS BELOW BEFORE **MAY 1st**.

Note: Previous scholarship winners are not eligible to apply

Applicant's Name (Please Print) _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Date of Birth _____

Check One:

I am My father is My mother is
a member of UFCW Local 1459 employed by:

Name of Employer _____

Employer's Address _____

I graduated or will graduate from:

Name of High School _____

Graduation Date _____

Member Information:

Member's Name _____

Member's Social Security Number _____

Your School of Choice _____

Career Plans _____

