

# SCHOLARSHIP APPLICATION



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

**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

