



SCHOLARSHIP APPLICATION FORM

I am the son/daughter/grandchild of Iron Workers, Local Union No. 771

Member: _____

Membership Number: _____

Applicant Information:

Name: _____

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____ ext: _____

Are you currently enrolled in a College or University Program?

YES

NO

If YES, please list the Name and Phone Number of the Institution:

Grade Average for last year of education: _____

Why do you feel you should receive this Scholarship? _____

Community Involvement (clubs, organizations, volunteer, etc.): _____

Character References (please include contact phone numbers):

1. _____
2. _____
3. _____

Other information you feel may assist us in reaching a decision: _____

I verify that the information on this Application Form is true and accurate. Student's personal information is collected on this Application for the purposes of Administration of this Award and will be shared with Members of the Selection Committee. I agree that if my Application is successful, my name may be disclosed to the Membership of Iron Workers, Local Union No. 771.

Student's Signature

Date