



SCHOLARSHIP APPLICATION FORM

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

Member: _____

Membership Number: _____

Applicant Information:

Name: _____

Address _____

Phone: _____

Email: _____

Are you currently enrolled in a Technical Training, College or University Program?

YES___

NO___

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

Name: _____

Phone #: _____

Why do you feel you should receive this Scholarship?

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

Character References (please include contact phone numbers):

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

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

If you require more space, please use the space below:

