

# LOCAL 1407 EDUCATION COMMITTEE

## 2023 Scholarship Application

(Strictly Confidential)

1. Applicant's (Student) Name \_\_\_\_\_

2. Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Applicant's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Name and address of School (will be) attending in the Fall session \_\_\_\_\_

5. School Year \_\_\_\_\_ Semester/Term Enrolled \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

6. Name of Member - parent / grandparent (indicate by circling) \_\_\_\_\_

\_\_\_\_\_ Membership Date \_\_\_\_\_  
(\*One year dues paying status is called a member in 'good standing' otherwise applicant member is disqualified)

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Member's last 4-digits of Social Security Number \_\_\_\_\_ Current job title \_\_\_\_\_

Work Tel.# (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Personal E-mail address: \_\_\_\_\_@\_\_\_\_\_.com

Name of your Agency/Department/Work place \_\_\_\_\_

Work Address \_\_\_\_\_ Floor/ Room# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date