

SPRINKLER FITTERS LOCAL 417
SCHOLARSHIP APPLICATION FORM
Must be returned by July 30, 2010

NAME:

(Last) (First) (Middle)

HOME ADDRESS:

(Street)

(City) (State) (Zip Code)

HIGH SCHOOL ATTENDED: _____ YEAR OF GRADUATION: _____

UNION MEMBERS NAME: _____

UNION MEMBERS HOME ADDRESS: _____

(Street)

(City) (State) (Zip Code)

RELATIONSHIP TO APPLICANT: _____

LIST VOCATIONAL-TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY YOU ARE CONSIDERING:

WHAT YEAR OF SCHOOL ARE YOU ENTERING: _____

WHAT IS YOUR EDUCATIONAL OBJECTIVE: _____

SIGNATURE: _____

PLEASE SUBMIT DOCUMENTATION TO VERIFY A "C+", OR BETTER, AVERAGE IN YOUR LAST SCHOOL YEAR ALONG WITH THIS APPLICATION.
