

SCHOLARSHIP APPLICATION

Application No. _____ (Union Use Only)

Social Security # _____ - _____ - _____

Student's Name _____ Date of Birth _____ - _____ - _____

Address _____ State _____ Zip _____

THIS SCHOLARSHIP APPLIES ONLY TO NEXT YEAR'S TUITION.

If the scholarship is not used within one (1) year after the date of the drawing, it will revert back into the scholarship fund of Local 140. This can be waived under extraordinary or unusual circumstances as determined by the Executive Board.

Is applicant a dependent of member as defined by the IRS? YES _____ NO _____
You may be asked to provide proof.

I am applying for the (semester) Fall _____ Winter _____ Spring _____ Summer _____

I will be a – Freshman _____ Sophomore _____ Junior _____ Senior _____

I plan to attend: _____
College or University

Address of school: _____ Phone# _____

Name of High School graduated from:

Name _____

Parent or guardian's name: _____

Address: _____ State _____ Zip _____

Member's Name: _____ Phone # _____

By our signature we agree to abide by the attached qualifications of Local 140 and that all matters of dispute shall be decided by the Executive Board of Fire Fighters Local 140.

Signature of applicant _____

Signature of member _____

Student's Name _____

Member's Name _____

Work Site _____ Shift _____ Cell# _____