

UFCW LOCAL 8D
SCHOLARSHIP APPLICATION

Date _____

Applicant's Name _____ DOB ____/____/____
(Please Print)

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

School Attending _____

Member's Name _____
(Please Print)

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Company Employed By _____

Relation to Applicant (Circle One)

Parent

Legal Guardian

I certify that all the information on this form is true and complete to the best of my knowledge. I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the applicant may not receive the scholarship.

PARENT OR GUARDIAN SIGNATURE _____

APPLICATION FORM MUST BE SUBMITTED BY: **Friday, December 1, 2017**