PLEASE REVIEW THIS CHECKLIST BEFORE YOU SUBMIT YOUR PAPERWORK.
(Only High School Seniors Can Apply)

CHECKLIST FOR APPLICATIONS

☐ Complete scholarship application.
☐ Typewritten essay describing educational objectives and ultimate career goals.
☐ High school transcript.
☐ SAT scores.
☐ Two (2) letters of recommendation.

Please Note:
You will be notified, by mail, sometime in the middle of June advising whether or not your child is a scholarship recipient.

MEMBER’S UNION DUES MUST BE CURRENT IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP
SCHOLARSHIP APPLICATION FORM – 2020

NAME: _____________________________________________________________

(Please Print Clearly) Last First Middle

HOME ADDRESS: ___________________________________________________

Number Street City State Zip Code

PHONE NUMBER: Home: _________________________ Cell: _________________________

APPLICANT’S E-MAIL ADDRESS: _______________________________________

DATE & PLACE OF BIRTH: ____________________________ Date Place

SEX: MALE: _______ FEMALE _______

LOCAL 94 MEMBER’S NAME: __________________________________________

REGISTRATION NO: ___________________ MEMBER SS# ___________________

RELATIONSHIP OF LOCAL 94 MEMBER TO APPLICANT: ___________________

IS MEMBER EMPLOYED □ YES POSITION: _____________________________

□ NO

MEMBER’S HOME ADDRESS: __________________________________________

Number Street City State Zip Code

MEMBER’S PHONE NUMBER: __________________________________________

MEMBER’S BUSINESS ADDRESS: _______________________________________

(PLEASE PROVIDE) Name of Employer

Number Street City State Zip Code

HIGH SCHOOL OR PREPARTORY SCHOOL ATTENDED _________________________

_____________________________________________________________________

LOCATION: __________________________________________________________

City State

DATES OF ATTENDANCE: From: __________________ To: __________________

EXPECTED DATE OF GRADUATION: __________________

(Only High School Seniors Can Apply)
TYPE OF SCHOOL COURSE FOLLOWED: __________________________________________

AWARDS AND HONORS:
__________________________________________________________

____________________________________________________________________________

EXTRA-CURRICULAR ACTIVITIES:______________________________________________

____________________________________________________________________________

HOBBIES AND SPECIAL INTERESTS:____________________________________________

____________________________________________________________________________

NAME OF HIGH SCHOOL PRINCIPAL:___________________________________________

List the College That You Plan to Attend:

First Choice:_______________________________________________________________

Second Choice:____________________________________________________________

Third Choice:______________________________________________________________

Have you received or applied for any other scholarship or any other form of financial assistance for your education?

VEry IMPORTANT- PLEASE READ CAREFULLY

Compose a typewritten statement describing your planned educational objectives and ultimate career goals. Include how you believe your personal activities prepared you for achieving these goals.

All of the documents listed below must be completed and in our office no later than Thursday, April 30, 2020.

1. Application
2. Typewritten statement
3. High school transcript
4. SAT scores/ ACT scores
5. Two (2) letters of recommendation written on the letterhead of the writer

We will not accept any application in this office after the April 30th deadline date.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR AN AWARD.

Applications and all relative information are to be forwarded to:

I.U.O.E. LOCAL 94
331-337 WEST 44TH STREET
NEW YORK NY 10036
Attention: Jillian Loughnane - Phone: (212) 331-1836

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We Will Never Forget