

**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**

(Only High School Seniors Can Apply)



SCHOLARSHIP APPLICATION FORM – 2021

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: _____

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 Friday, April 30, 2021.**

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 or scanned to

jillianloughnane@local94.com

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