

LOCAL 1407 EDUCATION COMMITTEE

2025 Scholarship Application

(Strictly Confidential)

1. Applicant's (Student) Name _____

2. Address _____ Apt.# _____

City _____ State _____ Zip _____

3. Applicant's Date of Birth _____ Place of Birth _____

4. Name and address of School (will be) attending in the Fall session _____

5. School Year _____ Semester/Term Enrolled _____ Expected Date of Graduation _____

6. Name of Member - parent / grandparent (indicate by circling) _____

Membership Date _____

(*One-year dues paying status is called a member in 'good standing' otherwise applicant member is disqualified)

Address _____ Apt.# _____

City _____ State _____ Zip _____

7. Member's last 4-digits of Social Security Number _____ Current job title _____

Work Tel.# (____) _____ Cell Phone (____) _____

Home Phone# (____) _____ Personal E-mail address: _____@_____.com

Name of your Agency/Department/Workplace _____

Work Address _____ Floor/ Room# _____

City _____ State _____ Zip _____

Signature of Member

Date

Official use: