



# Local 463 Scholarship Fund

40 Marcus Drive Suite 212

Melville, NY 11747

Phone: (631) 393-2963

Fax: (631) 393-2964

E-Mail: [Union@local463iue.com](mailto:Union@local463iue.com)

## APPLICATION

Your Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_

### **Parents' Full Name**

Father: \_\_\_\_\_

Address: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Do your parents belong to a UNION? Yes \_\_\_\_\_

No \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Employer: \_\_\_\_\_

## SCHOLARSHIP BACKGROUND

Grammar School from which you graduated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of graduation: \_\_\_\_\_

Address: \_\_\_\_\_

High School from which you graduated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of graduation: \_\_\_\_\_

Address: \_\_\_\_\_

(PLEASE attach a copy of your High School transcript)

College or Technical School to which you have been accepted: \_\_\_\_\_

Address: \_\_\_\_\_

Term in which you will begin: \_\_\_\_\_ (Please Attach a copy of acceptance letter)

**Check One:**     4-Year College     2-Year College     Trade School

**Course of Study:** \_\_\_\_\_

**Character References:** The Trustees require that you submit four (4) letters of recommendation from professional people with whom you have been in contact up to the present. These letters may be from your school principal (either Grammar School or High School), Clergyman, family doctor or dentist, family attorney, any employer for whom you worked, official of a Union for which either of your parents belong or an official of any other community group to which you belonged such as Boy Scouts, Girl Scouts, PAL, 4H Club, etc.

**Financial Need:** The Trustees are particularly interested in helping underprivileged children to get a higher education in the field they have chosen. In addition to character and scholastic record, your financial needs will also be an important factor in the decision that is made.

**(Attach a copy of the latest Income Tax return of your parents. If your parents filed separate returns, then each one is required).**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant