

2024/2025
SCHOLARSHIP APPLICATION

LABORERS' LOCAL #330

Directions: The following is an application toward a \$1,000.00 Scholarship for a member, spouse, or dependent child (by birth or marriage) of Laborers' Local #330 who is a full-time student carrying at least **12 credits** and will be enrolled in a fall semester at an accredited college or technical school.

Proof of enrollment must accompany this application form, i.e, copy of classes and credits or letter from registrar's office, etc. A "C" (2.0) average must be obtained to qualify.

DATE SUBMITTED: _____

APPLICANT'S FULL NAME: _____

MEMBER'S FULL NAME IF DIFFERENT THAN ABOVE: **(Must be a member in good standing.)**

Relationship to Member: _____

ADDRESS: _____

CITY: _____ STATE & ZIP CODE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

TELEPHONE NO.: _____

CURRENT EDUCATIONAL STATUS:

COLLEGE _____ (Year) _____ TECHNICAL SCHOOL _____ (Year) _____

CURRENTLY ENROLLED AT: _____

CAREER CHOICE(S): _____

Attach a separate sheet, and in your own words, write a statement on your college/technical school choice as well as your career choice(s). Give any personal information which you feel would help the committee in making a selection. Feel free to add any High School and/or further educational activities, as well as any community, church, and outside activities. List any work experiences. Give a general synopsis of your high school courses and/or further educational courses and Grade Point Average. Limit this information to no more than two typed sheets.

This cover sheet is confidential and will not be shown to the committee choosing applicants. Therefore, do not include your name on the personal information sheet attached.

RETURN FORM BY OCTOBER 1, 2024 TO:

Laborers' Local #330 Scholarship Committee
886 W. Airport Road - Menasha, WI 54952

I declare the information I have submitted to be accurate to the best of my knowledge.

SIGNATURE: _____