

LOCAL 210
SCHOLARSHIP AND EDUCATION FUND
55 Broad Street 11th Floor
NEW YORK, NY 10005
(212) 757-3463
Fax (212) 459-9674

WHO IS ELEGIBLE FOR SCHOLARSHIP

- An Employee (member) of a company that contributes to the fund.
- The member's spouse
- Dependent children

SCHOLARSHIPS ARE AWARDED FOR THE FOLLOWING:

- Four year or two year undergraduate degree programs
- Trade schools, secretarial, and Business schools
- Certificate programs that provide skills needed for job advancement

Scholarships are awarded on an annual basis. Scholarship winners who continue their education reapply annually.

INSTRUCTIONS FOR COMPLETING APPLICATION:

If you expect to attend school starting this fall or the next winter or spring terms you must complete and return this application.

1. Local 210 members must complete and **answer all questions** in Section I of the application. Members must sign the "Member's Certification".
2. Applicants must complete Section II. Your application is not complete until we receive all of the following.

Two year or four year College Student

- Bursar's receipt including:
 - Tuition costs
 - Room and Board expenses, if applicable.
 - Financial Aid received.
 - Loans to pay college expenses
 - Grants and Scholarships received.
- High School Transcripts or College transcripts
- Copies of awards, honors, and recommendations received.
- A list of extra curricular and community services with supporting letter(s)

Students of short -term Vocational or professional training program

- Bursar's enrollment verification receipt.
- Course/program description and its duration

Note: This information will help Local 210 determine the amount of grant you receive.

P.S. Please answer "all" questions to avoid delays.

MEMBER'S CERTIFICATION

I hereby certify that the information provided to the Local 210's Scholarship Fund is true, correct and complete.

MEMBER'S SIGNATURE _____ DATE: _____

COLLEGE OR TRADE SCHOOL APPLICANTS (STUDENT)

1. Applicant's name _____

2. Applicants home or campus address _____

City State Zip Code

Telephone # () _____ Cell phone# () _____ - _____

E mail _____

Please include an email for quick contact and award notification.

Relationship to member _____ Last Digit of S.S.N. _____

3. Name of college or Trade school _____

4. Are you a full time _____ or part time student? ___ Date of Birth _____

5. How many credits completed if any. _____ Career Goal _____

6. Did you work last year? Part time _____ or full time ___ Earnings \$ _____

7. How many credits will you take(Fall) _____ (Spring) _____

To avoid delays please make sure that you have answered all questions.