

UFCW Local 99 Scholarship Awards Competition INITIAL APPLICATION

APPLICANT:		Applications must be legible and complete.
Last	First, Middle Initial	Social Security Number
Street Address, Apt. #		Telephone Number
City, State, Zip Code		
Highest Academic Level Reached by June 2009 <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate		
My current Academic Level is _____ at _____ (school).		
Employer's Name & Store #		
Employers Address		

APPLICATION STATUS:

Check type of scholarship desired.

I understand I am applying for a Scholarship for the Academic Year 2009-2010.

- Full-time student at a University, College, Junior College
- Part-time student at a University, College, Junior College
- Vocational or Trade School

ACKNOWLEDGMENT OF APPLICATION:

I wish to take the special examination for the above selected award competition.

I understand that in order to be eligible for a scholarship award:

- Membership on which my eligibility is based must remain in continuous good standing through June 30, 2009. This means the membership cannot be suspended, withdrawn, or transferred prior to June 30, 2009.
- I must be at least a **senior in high school** to apply.
- Fire, Police, and Sheriff, etc. Academy applicants and Beauticians, Electronics applicants may apply under **vocational** only.
- If my address, telephone number, or place of work changes, it is my responsibility to inform the Scholarship Desk so that I can receive all information in a timely manner.
- If the member is involuntarily laid off or transferred out of Local 99, I may become ineligible and must contact the Scholarship Desk for instructions.
- I will be notified as to whether or not I qualify as a "finalist," and if qualified, I will submit the required information and appear for a personal interview before the Scholarship Committee.
- All decisions of the Scholarship Committee and the rules and regulations governing this competition are final.
- I have not been previously awarded a scholarship from UFCW Local 99.

Signed by applicant in agreement with the above

UFCW LOCAL 99 MEMBER		
Last	First, Middle Initial	Social Security Number
Street Address, Apt. #		Telephone Number
City, State, Zip Code		
Employer's Name & Store #		
Employers Address		
Relationship to Scholarship Applicant <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> _____		