

Local 892 Mary Alexander Scholarship Fund
Scholarship Application
(retired members)

APPLICANT DATA

Last Name _____ First _____ M.I. _____
Street _____ Apt # _____
City _____ State _____ Zip _____
Telephone (____) _____
Date of Birth: Month _____ Day _____ Year _____
Social Security Number: _____ - _____ - _____

Name of High School (for High School Seniors only):

Address _____
Telephone (____) _____
Cumulative GPA at time of application: _____/4.0 scale

LOCAL 892 MEMBER DATA

Last Name _____ First _____ M.I. _____
(if address is different than applicant's- please state below)
Street _____ Apt# _____
City _____ State _____ Zip _____
Telephone (____) _____
Relation to Applicant: Parent [] Step-parent []
Legal Guardian [] Grand-parent []
Retirement Date: _____ Dept # _____
Classification or Trade: _____
Social Security Number: _____ - _____ - _____

SCHOLARSHIP APPLICATION DATA

Name of College: (Please use official school name. Do not use abbreviations.)

City _____ State _____ Zip _____
Type of College: Vocational/Technical [] 2-year []
4-year [] Other [] Please specify _____

Have you been accepted? _____ Are you attending now? _____
Years attended _____

Major or course of study _____

***note:** please remember to submit an official transcript of grades.

