

UFCW Local 1059

Scholarship Application Form

I wish to apply for a fall UFCW Local 1059 scholarship grant. I am an eligible member or child of an eligible member of UFCW Local 1059, and I have been accepted by an accredited college or university and have indicated my intent to enroll by September of this year on a full-time basis.

PLEASE PRINT (Mandatory)

Name _____ Telephone No. _____

Signature _____

Home Address _____

City _____ State _____ Zip _____

I am: _____ a Local 1059 member (fill out Section 1 only)
_____ the child of a Local 1059 member (fill out Sections 1 and 2)

SECTION 1 – APPLICATION INFORMATION

Date you graduated/will graduate from high school _____
If you are a college student, indicate the highest academic level you will complete prior to September of this year:

_____ Freshman _____ Sophomore _____ Junior _____ Senior

SECTION 2 – MEMBER INFORMATION

Relationship to applicant _____

Name _____ Social Security No. _____

Employer (Company and Store) _____

INSTRUCTIONS TO APPLICANT

Mail completed application together with a letter of commendation on school letterhead, transcripts and college or university acceptance to:
UFCW Local 1059, Attn. Scholarship Dept.
4150 E. Main Street, Columbus, OH 43213