

## SCHOLARSHIP APPLICATION FORM

Please complete this form and all data sheets accurately and in their entirety. Mail to: The Eastern Atlantic States Regional Council of Carpenters Scholarship Fund, Attn. Troy Singleton, Raritan Plaza II, 91 Fieldcrest Avenue, Edison, NJ 08837 by 5/1/2020. For further information, please call (732) 417-9229.

Name: **(Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_

ADDRESS: **(Number & Street, City, State, Zip)** \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN/GRANDPARENT WHO IS A MEMBER OF A CARPENTERS LOCAL, AND THEIR SOCIAL SECURITY OR UBC ID NUMBER:

\_\_\_\_\_

MEMBER'S LOCAL UNION #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (If different than above)

LIST COLLEGES TO WHICH YOU HAVE APPLIED IN ORDER OF PREFERENCE (**College/University, Address, Acceptance Rec'd**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Secondary School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_ Name of One Teacher: \_\_\_\_\_

WORK EXPERIENCE (IF ANY):

\_\_\_\_\_

\_\_\_\_\_

Please enclose on a separate sheet of paper a brief description of relevant experiences that have helped shape your life to date, your reasons for wanting to continue your education, and any goals you have set for yourself. Also, include some mention of how the carpenters union has impacted your life.