

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,
91 Fieldcrest Avenue, Suite A-18
Edison, NJ 08837

Application must be postmarked by 6/1/2021. 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 Carpenter's Union has impacted your life.