



Application for Scholarship 2019

Applicant's Name _____

Address _____

_____ Phone _____
(city) (state) (zip code)

Date of Birth _____ Social Security # _____

Name and address of the college or university you are attending _____

Indicate the year you are expected to graduate _____ Signature _____

date _____

Please submit an essay on the positive impact the A.F.S.C.M.E Local 749 union has made in your life.

To Be Completed by the A.F.S.C.M.E Parent or Legal Guardian

Name _____

Address _____

_____ Phone _____

(city) (state) (Zip code)

Work location _____

(city) (State) (zip code)

Email _____ Social Security # _____

A.F.C.M.E Local # _____ A.F.S.C.M.E Council # _____ Retiree Chapter _____

Membership# _____ Signature _____

(please attach proof of membership) date _____