

# SCHOLARSHIP APPLICATION



PRINT THESE SERIES OF FORMS AND FORWARD THEM ALONG WITH A COPY OF YOUR GRADES TO UFCW LOCAL 1459 AT THE ADDRESS BELOW BEFORE **MAY 1st**

Note: Previous scholarship winners are not eligible to apply

UFCW Local 1459 Scholarship Application

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

Check One:

I am  My father is  My mother is  
a member of UFCW Local 1459 employed by:

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer's Address

I graduated or will graduate from:

Name of High School \_\_\_\_\_

Graduation Date \_\_\_\_\_

Member Information:

Member's Name \_\_\_\_\_

Member's Social Security Number \_\_\_\_\_

Your School of Choice \_\_\_\_\_

Career Plans \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exam Question: How has the fact that you or your parents have worked with a UFCW Local 1459 Contract benefited you or your family?

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UFCW LOCAL 1459  
33 EASTLAND STREET  
SPRINGFIELD, MASSACHUSETTS 01109