

Applicant's Number _____

USW LOCAL 207 L COLLEGE SCHOLARSHIP

APPLICATION

Student's: **Name:** _____
Address: _____

Phone # _____

207 L Member's Name: _____
Address: _____

Clock # _____

Name and address of College/University Attending: _____

By signing below I hereby apply for participation in USW Local 207 L's College Scholarship Award Program and I agree to abide by the rules of the Scholarship Program.

Applicant's Signature _____
Local 207L Member's Signature _____
Date _____
Received by _____ **Title** _____
Date _____

Eligibility:

Any eligible dependent child, age 25 or younger, (as defined by the **Employee Pension and Insurance Program**) of a member in good standing of USW Local 207 L, enrolled/enrolling as a full time student in an accredited college or university, is eligible for this award.

Anyone receiving full academic/athletic scholarship is not eligible for this award.

Winners of this award cannot re-apply.

This scholarship is not restricted by any sex, race, religion, color, disability, veteran status or natural origin.

-----**TEAR HERE**-----

Applicant's Number

Do Not Fold

DEAL LINE IS APRIL 30TH