



PIPE FITTERS LOCAL 539 SCHOLARSHIP APPLICATION

NAME: _____

HOME ADDRESS: _____

HIGH SCHOOL ATTENDED: _____

LOCAL 539 UNION MEMBERS NAME: _____

LOCAL 539 UNION MEMBERS CARD NUMBER: _____

RELATIONSHIP TO APPLICANT: _____

VOCATIONAL-TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY YOU
ARE GOING TO BE ATTENDING: _____

WHAT YEAR OF SCHOOL ARE YOU ENTERING: _____

WHAT IS YOUR EDUCATIONAL OBJECTIVE : _____

**PLEASE SUBMIT DOCUMENTATION TO VERIFY "C" OR BETTER AVERAGE
IN YOUR LAST SCHOOL YEAR ALONG WITH THIS APPLICATION.**

DUE BY JULY 31, 2019

NAMES WILL BE DRAWN AT THE AUGUST MEETING.

TO BE COMPLETED BY THE LOCAL UNION 539 BUSINESS MANAGER:

I CERTIFY THAT _____ IS A MEMBER IN GOOD STANDING OF
LOCAL UNION 539.

BUSINESS MANAGER-FINANCIAL SECRETARY TREASURER

BM/OPEIU# 12 AFL-CIO