



**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, 2020*

*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