

**SCHOLARSHIP FUND OF
FLINT PLUMBING & PIPEFITTING INDUSTRY**

GENERAL INSTRUCTIONS: All items on this form must be answered. If any item is not applicable, please indicate with the initials "NA". Explanations should be provided on blank sheets of paper and should be attached to this form for items requiring explanations. These sheets of paper may be used to provide information concerning a matter for which inadequate space is provided on the form. Each item on this separate sheets should be numbered corresponding to the item number to which it relates on the application form.

1. Name in full _____
(If Mrs., indicate maiden name) _____

1a. Social Security No. _____

2. Mailing address and telephone number: _____

3. Permanent address and telephone number (if different) _____

3. Date of Birth: _____ 5. Date of Application: _____

6. Name and address of Father: _____

7. Name and address of Mother: _____

8. Name and address of Guardian: _____

9. Military Service/Dates: _____

10. List in chronological order each College, University and Training or Vocational institution in which you have attended:

High School: _____ Graduation date: _____

College/University/ Training Schools	City	State	Attended From	To	Units Completed	Cert./ Degree
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

11. List the educational or training institutions which you plan to attend: _____

12. Have you received any scholarships? _____ Yes _____ No. If yes, what kind and how much? _____

13. Why do you feel that you are deserving of this award? (100 words). _____

CHECK LIST FOR APPLICANTS

1. Completed application
2. Official **TRANSCRIPTS** from each institution attended.
3. **INCOMPLETE** applications will not be considered.

FOR OFFICIAL USE ONLY

Scholarship recommended: _____ Yes _____ NO

Date granted: _____

Signatures: _____

STATEMENT OF APPLICANT

I claim eligibility for a scholarship award as the son or daughter of:

- _____ A member of Local Union 370
- _____ An Owner
- _____ A parent who at the time of his/her death was a member of the local, or an owner whose name and address was: _____

I hereby certify that all information contained in this application and the accompanying papers and documents are true and accurate to the best of my knowledge and belief.

If an award is granted to me, I hereby agree to repay the amount of the award to the Scholarship Fund in the event I do not attend the college or training institution for which the award is granted, or I drop out or discontinue my attendance prior to the completion of the academic year or term to pursue or make progress in the course of instruction or training for which the award is granted, or I fail to provide the Scholarship Committee with a progress report of such education or training at the time and manner as required by the Scholarship committee, or I provide false or misleading information to the Scholarship Trustees or the Scholarship Committee; provided repayment will not be required in the event of serious illness, induction into the armed forces of the United States, or for any other good and sufficient cause to which I was not a material and culpable contributing factor, all as determined by the Scholarship Committee to be justifiable in their sole judgment.

_____ Date _____ Signature of Applicant

STATEMENT BY PARENT OR GUARDIAN

I hereby reviewed this application, together with the accompanying papers and document, and hereby declare that all information contained therein is true and accurate to the extent that I have any knowledge or belief concerning such information.

If an award is granted to the applicant, I hereby agree to repay the amount of the award to the Scholarship Fund in the event such repayment is required of the applicant in accordance with terms of this application and in the event the applicant fails to make such repayment. This repayment shall be paid into the Scholarship Fund within 60 days after which demand for the payment has been made by the Scholarship Trustees.

_____ Date _____ Parent or Guardian's Signature