

APPLICATION INFORMATION (Cont'd)

MAILING ADDRESS: _____
STREET

CITY STATE ZIP

YEAR OF GRADUATION: _____

COMMUNITY COLLEGE OR FOUR YEAR COLLEGE TO BE ATTENDED:

NAME: _____

MAILING ADDRESS: _____
STREET

CITY STATE ZIP

TYPE OF DEGREE, for example, A.S., B.A., or B.S.: _____

LOCAL 72, I.B.T. MEMBER INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

MAILING ADDRESS: _____
STREET

CITY STATE ZIP

TELEPHONE NUMBER: () _____

Please select division for which you are making application for the scholarship. You may only select the Division to which the member of the Union is currently assigned:

Buffalo _____ Syracuse _____ Albany _____ New York _____

CERTIFICATION

I hereby certify to Local 72, I.B.T. that all of the information contained in this application is true.

I have read the Local 72 Scholarship Guidelines and understand that my eligibility for a scholarship will be determined pursuant to such guidelines.

I hereby authorize Local 72, I.B.T. to contact any high school or college specified in this application to determine that I have graduated from high school and will be attending college in the fall of this year. I also authorize the high school and college to provide Local 72 I.B.T. with all information that it requests in order to insure my eligibility for a scholarship.

APPLICANT'S SIGNATURE

LOCAL 72, I.B.T. MEMBER'S SIGNATURE
(If not the Applicant)

**MUST BE SENT CERTIFIED
MAIL**