MUST BE RETURNED by August 2nd ,2023

Gas Workers Local 340

312 Central Ave RM 592

Minneapolis, MN 55414

To be eligible, applicant must be a son, daughter, or legal dependent of an active, working member in good standing; of Local 340.

Applicant must have obtained a ‘C’ (or better) average in their last school year and must attend an accredited Technical College, Junior College, University or College as a full time student.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (LAST) (FIRST) (MI)

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET)

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 (CITY) (STATE) (ZIP)

HIGH SCHOOL ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEAR GRADUATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNION MEMBERS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNION MEMBERS HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET)

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 (CITY) (STATE) (ZIP)

PAYROLL NUMBER:\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST TECHNICAL COLLEGE, JUNIOR COLLEGE, UNIVERSITY OR COLLEGE YOU WILL BE ATTENDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT YEAR OF SCHOOL ARE YOU ENTERING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMIT DOCUMENTATION TO VERIFY A ‘C’ OR BETTER, AVERAGE IN YOUR LAST SCHOOL YEAR ALONG WITH THIS APPLICATION.

TO BE COMPLETED BY LOCAL UNION SCHOLARSHIP COMMITTEE

I CERTIFY THAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS A MEMBER IN GOOD STANDING OF LOCAL 340

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (COMMITTEE CHAIRPERSON)