

# UFCW Local 1059

## Scholarship Application Form

I wish to apply for a fall UFCW Local 1059 scholarship. I am an eligible member or child of an eligible member of UFCW Local 1059, and I have been accepted by an accredited college, university or trade program and have indicated my intent to enroll by September of this year.

### PLEASE PRINT (Mandatory)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am: \_\_\_\_\_ a Local 1059 member (fill out Section 1 only)  
\_\_\_\_\_ the child of a Local 1059 member (fill out Sections 1 and 2)

### SECTION 1 – APPLICATION INFORMATION

Date you graduated/will graduate from high school \_\_\_\_\_  
If you are a college student, indicate the highest academic level you will complete prior to September of this year:

\_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

### SECTION 2 – MEMBER INFORMATION

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer (Company and Store) \_\_\_\_\_

### INSTRUCTIONS TO APPLICANT

Mail completed application together with a letter of commendation on school letterhead, proof of enrollment (transcripts/acceptance letter) and photo to:  
UFCW Local 1059, Attn. Scholarship Dept.  
4150 E. Main Street, Columbus, OH 43213