OFFICIAL APPLICATION
JOHN L. DURHAM MEMORIAL SCHOLARSHIP (2016)

(Please print or type)

Name: _____ Applicant's SSN _____

Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Parents (Must be a member of Local 1439):

_____

If you are selected as the recipient of this scholarship, where will you attend school?

(Primary choice) _____

(Secondary choice) _____

SAT (Scholastic Aptitude Test) score: _____

ACT (American College Test) score: _____

Grade Point Average: _____

Personal Resume: Please attach, to the completed application form, a typewritten personal resume of your involvement in your community, sports, church, school, civic, or other similar activities.

_____ _____
Your Signature Date

_____ _____ _____
Card No. Member's Signature Date

Note to Candidate: All questions in this application must be completed.

When completed, mail this form with Essay and Resume to:

Local 1439, I.B.E.W.
ATTENTION: SCHOLARSHIP COMMITTEE 2016
2121 59th Street
St. Louis, MO 63110

This form and other supporting papers must be received before the published deadline and will not be returned to the applicants.