

DISTRICT COUNCIL 2
Scholarship Fund 2024

APPLICATION

1. STUDENT INFORMATION:

First Name: _____ Last Name: _____ MI: _____

Home Address (if different from parent's address): _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Cell #: _____

Sex: _____ M _____ F Date of Birth: _____ Social Security #: _____

High School Name & Address: _____

High School Telephone #: _____ GPA: _____

Expected Date of High School Graduation: _____

(If a current college student) College Name & Address: _____

Telephone #: _____ GPA: _____

Expected Date of Graduation: _____

* Relationship to DC 2 Member (not self): _____

2. DC 2 PARENT INFORMATION:

First Name: _____ Last Name: _____ MI: _____

Address of DC 2 Parent: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Cell #: _____

Continue →

Name of Employer: _____

Employer Address: _____

Occupation: _____

Social Security #: _____ Local Union #: _____

3. NAME OF ACCREDITED COLLEGE(S) APPLIED TO OR PLAN TO ATTEND:

NAME	CITY/STATE
NAME	CITY/STATE
NAME	CITY/STATE

Major or Field of Study: _____

SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated, beginning in high school (and recent, if current college student). Note leadership roles and dates.

COMMUNITY SERVICE/VOLUNTEER ACTIVITIES: Please list community service or volunteer activities that you have been active in, beginning in high school (and recent, if current college student). Note leadership roles and dates.

HONORS, ACHIEVEMENTS AND DISTICTIONS: Please list any honors, achievements and distinctions you have received, beginning in high school (and recent, if current college student). Note leadership roles and dates.

SHORT ESSAY QUESTIONS:

What is your greatest accomplishment in high school and/or college, if current college student?

What does the District Council 2 Union mean to you?

Please provide any additional information that you believe would be helpful to the Scholarship Committee in assessing your personal or financial need?

PLEASE AFFIX YOUR
PHOTO HERE.

(PAPER COPIES NOT
ACCEPTED)

I certify that the information is accurate and complete to the best of my knowledge. *Incorrect information provided may result in disqualification of the application.*

Applicant's Signature: _____

DC 2 Parent's Signature: _____

Date: _____