UAW LOCAL 5960 RETIREE SCHOLARSHIP APPLICATION FOR FALL 2010 SCHOOL YEAR

(*See Back for Requirements, Rules and Information*)

RETIRED MEMBER INFO:

Member's Name: _____

Social Security No. _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Date Retired: _____

Relationship to Student: _____

STUDENT INFO:

Student's Name: _____

Social Security No. _____

Date of Birth: _____ *Telephone: _____

*Address: _____
(Street) (City) (State) (Zip Code)

**If different from Member*

STUDENT'S SCHOOL INFO:

High School Attending/Graduated: _____

College Attending: _____

College Address: _____
(Street)

_____
(City) (State) (Zip Code)

Please Check One: First Year Student ☐ *Attach copy of acceptance letter*

Returning Student ☐ *Attach proof of attendance (i.e. transcripts, invoice, grades, etc.)*

Status in Fall 2010: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Starting Date of School Term: _____

For Office Use ONLY

Member Verification: _____ Initial _____ Drawing No. _____

meg:42opeiu/afl-cio(amv)