

AMERICAN POSTAL WORKERS UNION OF MASSACHUSETTS
SCHOLARSHIP APPLICATION

THIS APPLICATION MUST BE RECEIVED BY APRIL 30 OF THE YEAR OF GRADUATION

NAME (Print or type)

Home Address _____
(No. and Street) (City) (State & Zip)

Tel.# _____
(Area Code)

I will graduate from _____ High School,

located in _____ in _____ of _____
(City & State) (month) (year)

Major Field of Interest:

My Parent is (or Legal Guardian is) a member in good standing of the _____
local for the past twelve months and is not in a supervisory or acting supervisory capacity.

I agree that should I become a successful candidate for the A.P.W.U. of Mass. Scholarship, I shall comply with all the rules and regulations set down by the scholarship committee. I understand that continuation of said scholarship shall be conditioned on evidence of satisfactory academic performance.

In the event I successfully compete for the A.P.W.U. of Mass. Scholarship, I hereby give my permission to the union to publish the attached essay, with my name, as was required for scholarship application.

Parent _____ Applicant _____
(Signature) (Signature)

After filling out the above, take or send this application to the President or Secretary of the local to which your parent belongs for verification.

OFFICIAL APPROVAL:

This is to certify that _____ is a member in good standing
(Parent)
and has been for the past twelve months in the A.P.W.U. local of _____ .

President's or Secretary's Signature:

Mail at once to:

Secretary-Treasurer
A.P.W.U. of Massachusetts
65 Southbridge Street Suite 101B
Auburn, MA 01501

