

GERARD L. PELLEGRINI SCHOLARSHIP



SCHOLARSHIP APPLICATION

PLEASE FILL OUT THE REQUIRED INFORMATION BELOW AND FORWARD ALONG WITH A COPY OF YOUR GRADES TO: THE GLP SCHOLARSHIP COMMITTEE C/O CAROL RICKLESS, 640 PAGE BLVD, SPRINGFIELD, MA 01104 BY May 31, 2018.

TO BE ELIGIBLE, AN APPLICANT MUST BE A MEMBER OF A CONSTITUENT LABOR ORGANIZATION OF THE PIONEER VALLEY CENTRAL LABOR COUNCIL, OR THE SPOUSE OR LEGAL DEPENDENT OF SUCH A MEMBER.

Applicant's Information

Applicant's Name (Please Print) _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Date of Birth _____

Labor Union Member's Information

Check One:

I am My father is My mother is My spouse is I am a legal dependent of
a member of a constituent labor organization of the Pioneer Valley Central Labor Organization.

Member's Name _____

Relationship to Applicant _____

Name and Address of Employer _____

Name and Address of Labor Union and Local _____

Applicant's Background Information

I graduated or will graduate from:

Name of High School _____

Graduation Date _____

What is your plan for college or apprenticeship: _____

What are your extra-curricular activities: _____

What are your community service/volunteer activities: _____

What is your work experience: _____

Have you received honors, awards, achievements? _____

