SCHOLARSHIP APPLICATION FORM

Please complete this form and all data sheets accurately and in their entirety. Mail to: The Northeast Regional Council of Carpenters Scholarship Fund, Attn. Troy Singleton, Raritan Plaza II, 91 Fieldcrest Avenue, Edison, NJ 08837 by **4/1/2018**. For further information, please call (732) 417-9229.

Name			
Last ADDRESS		Middle	
Number & Street TELEPHONE ()	City BIRTH [City State Zip BIRTH DATE	
E-MAIL ADDRESS			
NAME OF PARENT/LEGAL GU/ CARPENTERS LOCAL, AND TH			
MEMBER'S LOCAL UNION #			
RELATIONSHIP	ADDRESS		
LIST COLLEGES TO WHICH YOU	HAVE APPLIED IN OF	If different t) RDER OF PREFE	
COLLEGE/UNIVERSITY AD	DDRESS	ACCEPTANC	E REC'D
Last Secondary School Attended	Address		
, , , , , , , , , , , , , , , , , , , ,			
Name of Guidance Counselor		Name of One Te	acher
WORK EXPERIENCE (IF ANY)			

Please enclose on a separate sheet of paper a brief descriptiofdsdfsdn of relevant experiences that have helped shape your life to date, your reasons for wanting to continue your education, and any goals you have set for yourself. Also, include some mention of how the carpenters union has impacted your life.