Local One



International Union of Elevator Constructors

of New York and New Jersey - (AFL-CIO)

47-24 27th Street, Long Island City, New York 11101

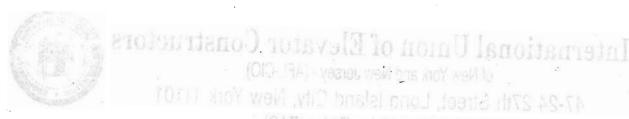
Phone: (718) 767-7004 - FAX: (718) 767-6730



LOCAL ONE SCHOLARSHIP APPLICATION FORM

Number & Street City State Zip Date of Birth Social Security No. Phone Number MEMBER Information: Member's Name Members Social Security No. Members Social Security No.	Last	First	Midd
City State Zip Date of Birth Social Security No Phone Number MEMBER Information: Member's Name Members Social Security No	Mailing Address		
Date of Birth Social Security No Phone Number MEMBER Information: Member's Name Members Social Security No		Number & Street	(4)
Phone Number MEMBER Information: Member's Name Members Social Security No	City	State bbs agaile)	Zip
MEMBER Information: Member's Name Members Social Security No.	Date of Birth	Social Security No.	·
Member's Name Members Social Security No	Phone Number	ty State	i)
Members Social Security No.			
Members Social Security No.	Member's Name	tiach a copy of your letter o	Please a
Members Status (check one)		t least a Bachelors degree	E PITTERN
	Members Status (che	repleted application to address (sone)	Mail cor

(PLEASE COMPLETE BOTH SIDES)
(1)



Scholarship Application Form continued:

Name of College Applicant will attend College address City Isdatu Zip State

of New York and New Jersey - (AF -CIO)

Please attach a copy of your letter of acceptance from the College you plan to attend: this must be an accredited institution of higher education, that grants at least a Bachelors degree.

Mail completed application to address on FRONT of this form.

(2)