

# 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

#### APPLICANT Information:

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Number & Street

City State Zip

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Phone Number \_\_\_\_\_

#### MEMBER Information:

Member's Name \_\_\_\_\_

Members Social Security No. \_\_\_\_\_

Members Status (check one)

Active \_\_\_\_\_ Retired \_\_\_\_\_ Deceased \_\_\_\_\_



(PLEASE COMPLETE BOTH SIDES)

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**Scholarship Application Form continued:**

\_\_\_\_\_  
**Name of College Applicant will attend**

\_\_\_\_\_  
**College address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**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)

(PLEASE COMPLETE BOTH SIDES)

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