



## United Steel Workers of America, Local No. 14372 Scholarship

The United Steel Workers of America, Local No. 14372 Scholarship is offered to provide scholarship assistance for education above the high school level to the children, step-children, adopted children, grandchildren, step-grandchildren and adopted grandchildren of the present members and also of the former members, now retired, of the United Steel Workers of America, **Local No. 14372**.

Applicants, please be aware that there cannot be any exceptions to established deadlines.

### Applicant Data

Name: Last	First	Middle Initial
Maiden Name (if applicable):		
Address: Street		Apartment
City	State	Zip
Phone ( )	E-mail	
Social Security Number		

### Parent Information

Father's Name	Occupation
Address	
Mother's Name	Occupation
Address	

### High School Data

High School Name:		
High School Address:		
City	State	Zip
High School Graduation Date: Year		

### Post-Secondary School Data

Name of the post-secondary school for which financial aid is requested. If unknown, please list in order of preference where applications have been sent.

School	City	State
School	City	State

Check One:  Four-year College or University     Trade/Technical School     Other     Graduate School

Check One: Upcoming year in college:  1     2     3     4     5     Graduate School

Major or course of study: \_\_\_\_\_

**United Steel Workers Employment Verification**

1. Are you a child, step-child or adopted child of a member, or retired member, of United Steel Workers of America, **Local No. 14372** as of April 30, 1998?  YES  NO

2. Are you a grandchild, step-grandchild or adopted grandchild of a member, or retired member, of United Steel Workers of America, **Local No. 14372** as of April 30, 1998?  YES  NO

3. Name of parent, step-parent, adopted parent or grandparent who is a member of Local No. 14372.

---

4. If a grandchild, trace your descent from the grandparent:

---

---

---

---

**Certification**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALL APPLICATIONS MUST BE RECEIVED BY THE FOUNDATION  
NO LATER THAN 12 NOON ON MARCH 1  
TO BE CONSIDERED FOR THE SCHOLARSHIP**

**Schuylkill Area Community Foundation  
216 South Centre Street  
Pottsville, PA 17901  
(570) 624-7223**