

Twin Cities' PDC APWU Local 7019

Scholarship Application

Applicant Information

Applicant's Name _____

Home Address _____

City, State, Zip Code _____

High School or College _____ Year of Graduation _____

Union Member's Information

Parent's Name (or Grandparent or Guardian) _____

Home Address _____

City, State, Zip Code _____

Home Telephone # _____ Work Telephone # _____

Pay Location _____ EIN # _____

This application must be mailed to: Twin Cities PDC APWU Local 7019
Attn: Scholarship Committee
2825 Lone Oak Parkway
Eagan MN 55121-9100

This Application must be **Postmarked** no later than March 20th of the current year.

To be completed by the Committee

Applicant's Name _____

Parent's Name (or Grandparent or Guardian) _____

Postmark (MM/DD/YYYY) _____