

MARK A. ESPINOSA President

### Dear Scholarship Applicant:

This is your long form application for the Local 919 Scholarship Awards program. The officers, executive board and entire membership extend their warmest wishes for your future success.

Fraternally, Mark A. Espinosa President



# **Long Form Application**

Scholarship Awards Competition Sponsored by United Food & Commercial Workers Local 919, 6 Hyde Road, Farmington, Connecticut 06032-2802

You must fill in this form and then have the reverse side completed and signed by an official of the high school attended and mail it to the Local 919 Scholarship Selections Committee at the above address. The application must be printed clearly in ink or typewritten. Be sure to fill in all parts.

								oc. Sec. No		
(Last)			(First)			(Middle)				
Home Address	(Number)				(Street)			(City)	(Zip Code)	
Date of Birth of App	,						arried?			
Are you a member of	of Local 919?	(Yes)	(no)		If not	t, is your par	ent a membe	r? (Yes) (no)		
Parent's name (if a	member)						Sc	oc. Sec. No		
Indicate any job exp			cluding pre		First)					
Name and address of Employer						Kind of position			Dates held	
List every school yo	u have attende	d whether	you gradu	ated or not	t, giving	exact dates	of attendanc			
		Name and	d location			Date of Entrance	Date of Withdrawal	Diploma or Degree received	Reason for withdrawal other than graduation	
									· ·	
High Schools										
Other										
In what student act	ivities did vou p	articipate	in high sch	nool. Pleas	e check	<u> </u>				
									debate	
schoo	l publications_							other		
Athletic: baseb	all		_ basketba	all		footba	II	fencing	soccer	
									other	
List any offices held	d or honors rec	eived in th	ese activiti	es						
List any academic l	nonore which w	nu may ha	ve receive							
	TOTIOTS WITHOUT Y	ou may no	TVC TCCCTVC	u					aduate from High School (Check one)	
Chaple the garage for	or which you or	o proporin	~					_	February, 2020 June, 2020	
			g.					Business Administration	n: Accounting	
						Economics; Labor-Management				
						_		•		
Med	licai School, Pr	e-Dental				_		Otner		
I am currently atten	iding					College /	University			
Applicant's Signatu	re							Date		
	Date of Birth of App Are you a member of Parent's name (if a Indicate any job expo  Na  List every school you  High Schools  Other  In what student act Nonathletic: band_ school Athletic: baseb swimm List any offices held List any academic I  Check the career for Libe Con Scie Med	Home Address  (Number)  Date of Birth of Applicant  Are you a member of Local 919?  Parent's name (if a member)  (Liandicate any job experience you have altended and address	Home Address  (Number)  Date of Birth of Applicant  Are you a member of Local 919? (Yes)  Parent's name (if a member)  (Last)  Indicate any job experience you have had, inc  Name and address of Emple  List every school you have attended whether  Name and  High Schools  Other  In what student activities did you participate  Nonathletic: band  school publications  Athletic: baseball  swimming  List any offices held or honors received in the  List any academic honors which you may have  Check the career for which you are preparin  Liberal Arts (B.A.); Law  Communication Arts, Teaching  Science; Engineering  Medical School, Pre-Dental	Home Address	Home Address  (Number)  Date of Birth of Applicant	Home Address  (Number) (Street)  Date of Birth of Applicant	Home Address  (Number)  (Street)  Date of Birth of Applicant Are you a member of Local 919? (Yes) (no)  Parent's name (if a member)  (Last)  (Last)  (Last)  (First)  Indicate any job experience you have had, including present job.  Name and address of Employer  List every school you have attended whether you graduated or not, giving exact datest Name and location  Date of Entrance  High Schools  Other  In what student activities did you participate in high school. Please check.  Nonathletic: band	Home Address    (Number)   (Street)	Home Address	

## **Applicant's Character Report**

## TO BE COMPLETED ONLY BY AUTHORIZED SCHOOL OFFICIAL

The range scale below is based on the normal curve. Principals or headmasters are requested to use it by comparing the applicant with one or more recent and representative graduates of the same school who have been successful in college work, by entering check marks showing the results of the comparison in the appropriate spaces.

		1	_			
	Top 5%	Top 15%	Top 50%	Top 85%	Lowest 15%	
Social Maturity						
Reliability						
Initiative						
0						
Courtesy	_					
Cooperation	have you know t	he applies-42	(Places do not fail to accuse	this question		
Cooperation ow long and in what connection	-					
Cooperation ow long and in what connection	-					
Cooperation  ow long and in what connection	-					
Cooperation  ow long and in what connection o you wish to add further comm	-					

#### **IMPORTANT NOTE**

This form IS NOT A TRANSCRIPT, but merely an application. IT MUST BE ACCOMPANIED BY AN OFFICIAL HIGH SCHOOL AND COLLEGE TRANSCRIPT.

Also, applicants who have any emergency or extenuating situations (loss of parent(s), recent accident or illness, etc.) are invited to attach an accompanying note of explanation.

#### UNITED FOOD AND COMMERCIAL WORKERS UNION

L O C A L 9 1 9

U.F.C.W.