LIUNA Local 272 Scholarship Application

| Α | Member's Name | (Please Print) |
|--------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------|
| В | Member's Address | (Please Print) |
| C | Member's Phone# | |
| D | Union Number | (Located on your Membership Card) |
| E | Student's Name | (Please Print) |
| F | (Please Print) Parent/Guardian Occupation, City or Town | |
| G(Please Print) Name of College/University attending in the fall | | |
| Ple | ase send your completed application to no lat | er than June 1, 2025: |
| Hop | al 272, 7 Laborers' Way okington, Ma. 01748 Tim Mahoney | |
| *** | ******Applications received after June 1. 20 | 25 will not be accepted. ****** |