



# UWUA SCHOLARSHIP ENTRY FORM

Student Name:

Student Address:

Student Phone:

Student's Parent/Member Name:

Member Local #:

Year Requesting Scholarship:

Region:

High School Name:

High School Address:

School You Are Planning Attending if granted scholarship:

Please enter my name in the drawing for the UWUA Scholarship. I understand that the program is open to students who will complete high school and enroll and attend a university, college, or trade school, etc., and who are the son or daughter of an active member of the Utility Workers Union of America, AFL-CIO. I further understand that the awards will be determined by a blind drawing, and I am in no way guaranteed to be one of the award recipients.

Student Signature

Date

Member/Parent Signature

Date