

NORTHERN CALIFORNIA CARPENTERS/THOMAS A. MORTON MEMORIAL SCHOLARSHIP FOUNDATION

2024 SCHOLARSHIP APPLICATION

(THIS APPLICATION ONLY APPLIES TO THE 2024-2025 COLLEGE YEAR)

Please follow these instructions carefully:

1. Complete, date and sign this form and **mail it directly to the Local Union in which you are currently a member for certification by the Financial Secretary.**
2. Your application must be postmarked by Friday, June 21, 2024. **NO LATE APPLICATIONS will be considered.**

Qualifying Union Member's Name		Qualifying Union Member's UBC No.	
Home Address		City	State
Zip Code			
Cell Phone	Alternate Phone Number	E-Mail Address	
Name of Scholarship Applicant		Scholarship Applicant's Date of Birth	
Scholarship Applicant's Social Security No.	Relationship to Qualifying Union Member	Scholarship Applicant's Address <i>(if different than Qualifying Union Member)</i>	
Scholarship Applicant Presently Attends High School <input type="checkbox"/> College <input type="checkbox"/>	Name of School Scholarship Applicant Presently Attends	Scholarship Applicant's High School Graduation Date	Estimated College Graduation Date
<p>I hereby certify that all information in this application is true to the best of my knowledge and authorize the Carpenters 46 Northern California Counties Conference Board to verify with the Carpenter Funds Administrative Office that the scholarship applicant is an eligible "dependent" child.</p>			
<p>_____ Signature of Qualifying Union Member</p>		<p>_____ Date</p>	

***** DO NOT WRITE BELOW *****

ONLY THE FINANCIAL SECRETARY OF THE LOCAL UNION SHOULD WRITE BELOW THIS LINE

I, _____ certify that _____
 (FINANCIAL SECRETARY OF THE LOCAL UNION) (QUALIFYING UNION MEMBER)

is a member in good standing of Local Union No. _____,

(AFFIX UNION SEAL)