

**PLEASE REVIEW THIS CHECKLIST  
BEFORE YOU SUBMIT YOUR  
**PAPERWORK.****

**(Only High School Seniors Can Apply)**

CHECKLIST FOR APPLICATIONS

- Complete scholarship application.
- Typewritten essay describing educational objectives and ultimate career goals.
- High school transcript.
- SAT scores.
- Two (2) letters of recommendation.

**Please Note:**

**You will be notified, by mail, sometime in the middle of June advising whether or not your child is a scholarship recipient.**

**MEMBER'S UNION DUES MUST BE CURRENT  
IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP**

**(Only High School Seniors Can Apply)**



**SCHOLARSHIP APPLICATION FORM – 2025**

NAME: \_\_\_\_\_  
(Please Print Clearly) Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Number Street City State Zip Code

PHONE NUMBER: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_  
Date Place

SEX: MALE: \_\_\_\_\_ FEMALE \_\_\_\_\_

LOCAL 94 MEMBER'S NAME: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_ MEMBER SS# \_\_\_\_\_

RELATIONSHIP OF LOCAL 94 MEMBER TO APPLICANT: \_\_\_\_\_

IS MEMBER EMPLOYED  YES POSITION: \_\_\_\_\_  
 NO

MEMBER'S HOME ADDRESS: \_\_\_\_\_  
Number Street City State Zip Code

MEMBER'S PHONE NUMBER: \_\_\_\_\_

MEMBER'S BUSINESS ADDRESS: \_\_\_\_\_  
(PLEASE PROVIDE) Name of Employer  
Number Street City State Zip Code

HIGH SCHOOL OR PREPARTORY SCHOOL ATTENDED \_\_\_\_\_  
\_\_\_\_\_

LOCATION: \_\_\_\_\_  
City State

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

TYPE OF SCHOOL COURSE FOLLOWED: \_\_\_\_\_

AWARDS AND HONORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOBBIES AND SPECIAL INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF HIGH SCHOOL PRINCIPAL: \_\_\_\_\_

List the College That You Plan to Attend:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Have you received or applied for any other scholarship or any other form of financial assistance for your education? \_\_\_\_\_

**VERY IMPORTANT- PLEASE READ CAREFULLY**

Compose a typewritten statement describing your planned educational objectives and ultimate career goals. Include how you believe your personal activities prepared you for achieving these goals.

All of the documents listed below must be completed and, in our office, **no later than Friday, April 25, 2025.**

1. Application
2. Typewritten statement-Be sure to include your full name on the essay
3. High school transcript
4. SAT scores/ ACT scores-if taken
5. Two (2) letters of recommendation written on the letterhead of the writer.

We will not accept any application in this office after the April 25<sup>th</sup> deadline date.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR AN AWARD.**

Applications and all relative information are to be mailed to

I.U.O.E. LOCAL 94 Scholarship Fund  
331-337 WEST 44<sup>TH</sup> STREET  
NEW YORK NY 10036

Attention: Jillian Loughnane - Phone: (212) 331-1836  
jillianloughnane@local94.com

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IN ORDER TO BE CONSIDERED FOR THIS SCHOLARSHIP**

*We Will Never Forget*