



UFCW Minority Coalition Scholarship Application

Please select the award you are applying for:

- UFCWMC Member Scholarship
 UFCWMC Relative of Member Scholarship

APPLICANT DATA

NAME	Last:	First:	Middle Initial:
PERMANENT HOME MAILING ADDRESS	Number:	Street:	
	City:		State: Zip:
	Telephone:		E-mail Address:
OTHER	Local Union No.		

MEMBER RELATIVE INFORMATION

NAME	Last:	First:	Middle Initial:
PERMANENT HOME MAILING ADDRESS	Number:	Street:	
	City:		State: Zip:
	Telephone:		E-mail Address:
	Work Telephone:		
OTHER	Member Local Union No.		

POST SECONDARY SCHOOL DATA

Must be an accredited, licensed, or professional institution.

School:	
City:	State:
Major or Name of Course:	

Please check off the requested documents as noted.

- | | Item |
|----|-----------------------|
| 1. | Completed Application |
| 2. | Essay |
| 3. | Proof of Registration |

Enclosed?
