

# IFPTE LOCAL-4 RANDOM DRAW SCHOLARSHIP



Date:

Applicant's Name:

Home Address:

City:  State:  Zip:  Tel:

**IF APPLICANT IS NOT A DUES PAYING MEMBER:**

Relationship to sponsoring member (check one): CHILD:  SPOUSE:

**SPONSORING DUES-PAYING MEMBER IS:**

Name:  Occupation Title:

Activity/Department/Code:  Work Phone:

**COLLEGE, SCHOOL, UNIVERSITY:**

Name of Accepting or Attending School:

Name and Type of Degree Program:

Address:

City:  State:  Zip:  Tel:

**I Attest,**

*that any scholarship money received will be used only toward post-secondary educational expenses (tuition, fees, books, living expenses).*

\_\_\_\_\_  
**(APPLICANT'S SIGNATURE)**

\_\_\_\_\_  
**(DATE)**



**Please Return This Application To:**

Scholarship Random Drawing  
IFPTE Local 4  
PO Box 2047  
Portsmouth Naval Shipyard  
Portsmouth, NH 03804-2047