

UFCW LOCAL 342 SCHOLARSHIP COMMITTEE

Name: _____

Date: _____

This will acknowledge receipt of your application for our Scholarship Program.

In order to complete your application, it will be necessary for the following information to be submitted to us before **April 30th, 2019**; otherwise your application will be disqualified.

Have your parent's **complete, sign and return** the Financial Aid Form enclosed (no fees required)

➤ Submit Parent's 2018 IRS Form 1040
and
Parent's 2018 IRS W-2 Form

➤ If student was employed, submit

Student's 2018 IRS Form 1040
or
Student's 2018 W-2 Form

Copy of High School Transcript

Send a copy of official notification that you are attending college in **Fall 2019**.

Name & Address of Member's Employer

Please return the above-checked information to:
Scholarship Program Committee
UFCW Local 342
27 Brienna Court
Staten Island, NY 10309
Attn.: Scholarship Office
Thank you for your cooperation