

AMALGAMATED TRANSIT UNION SCHOLARSHIP PROGRAM
OFFICIAL APPLICATION FORM - FALL 2020 TERM

Return completed application **POSTMARKED NO LATER THAN JANUARY 31, 2020** to:

ATU Scholarship Program
Amalgamated Transit Union
10000 New Hampshire Avenue
Silver Spring, MD 20903

Name of Applicant: Mr./Mrs./Miss/Ms.
(Circle Preferred) (First) (Middle) (Last)

Address: _____
(Street) (City) (State/Province, Zip/Postal Code)

Phone Number: _____

Name of Sponsoring ATU Member: _____

ATU Member's Local Union Number: _____

Relationship of applicant to ATU member: self ___ child ___ stepchild ___ grandchild ___

High School: _____ **Month & Year of Graduation:** _____

Address: _____
(Street) (City) (State/Province, Zip/Postal Code)

Name of Principal: _____

List in order of preference, the accredited colleges, technical or vocational institutions to which you are applying for admission (**no abbreviations**):

1) _____ 2) _____

3) _____

I hereby certify that to the best of my knowledge and belief the above information is true and correct.

Applicant's Signature

Date