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## Rockland County Central Labor Council Scholarship Application

Graduation Year\_\_\_\_\_

Name of Union Member \_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Applicant's Relationship to Member: \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Other

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

High School: \_\_\_\_\_

**PLEASE SUBMIT YOUR APPLICATION BY April 30<sup>th</sup> 2019**

# Rockland County Central Labor Council Scholarship Application

Graduation Year: \_\_\_\_\_

Extracurricular Activities (school clubs, athletics, organizations; note any officer positions):

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Personal Involvement (community activities, volunteer work):

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Special Interests & Hobbies:

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Work experience:

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Name(s) of college(s) to which you have been accepted:

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Tentative Field of Study \_\_\_\_\_

Future Goals \_\_\_\_\_

Your Greatest Achievement or most worthwhile experience to date: \_\_\_\_\_

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\*\*\*\*\*FOR ADDITIONAL REMARKS PLEASE USE A SEPARATE PIECE OF PAPER\*\*\*\*\*

**PLEASE INCLUDE:** Personal Essay on what this scholarship would mean to you.

SUBMIT TO:

The Scholarship Committee of Rockland County Central Labor Council, 8 Taylor, New City, NY 10956.

Envelope must be addressed to the SCHOLARSHIP COMMITTEE and marked PERSONAL & CONFIDENTIAL.

I hereby verify the information is true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_