



2013 Scholarship Application

1775 K Street, NW, Washington DC 20006

202-223-3111 / www.ufcw.org / www.ufcw.ca

Part B: Academic Verification

Name:

Application Number:

1) VERIFICATION OF DATA

I affirm that the information provided is true

2) AUTHORIZATION FOR RELEASE OF INFORMATION

Under the Federal Privacy Rights of Parents and Students Act, a school must have signed authorization before releasing information about a student. Both student and parent or legal guardian must sign this authorization

► Student Signature:

Date:

► Parent/ Guardian Signature:

Date:

This section to be completed by a school official

Incomplete responses to requested data will adversely affect the scholarship applicant's competitive standing or disqualify the applicant.

(Expected) Graduation Day: _____
(Month) (Year)

Latest Cumulative Grade Point Average: _____

Date of Most Recent Grade Point Average: _____
(Month) (Day) (Year)

**THIS INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE
AND BASED ON SCHOOL RECORDS.**

Print Name:

Title:

► Signature:

Date:

SIGNATURE REQUIRED TO PROCESS THIS APPLICATION.

Mail completed form to: UFCW Scholarship/UFCW International Union
1775 K Street, NW
Washington, DC 20006

**This application must be completed and signed with a
postmark no later than June 15, 2013.**



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Part B: Membership Information

Social Security/Social Insurance numbers are mandatory to ensure accurate membership data.

Without an accurate Social Security or Social Insurance number, we will be unable to verify membership status and your application may be disqualified.

Name: _____ Application Number: _____

UFCW Member: Y ____ N ____ Local #: ____

If Yes, Please Provide Social Security or Social Insurance Number and Date of Birth

S.S./S.I. Number: _____ D.O.B. _____

Father/Guardian

Name: _____
(Last) (First) (Middle)

UFCW Member: Y ____ N ____ Local #: ____

If Yes, Please Provide Social Security or Social Insurance Number and Date of Birth

S.S./S.I. Number: _____ D.O.B. _____

Mother/Guardian

Name: _____
(Last) (First) (Middle)

UFCW Member: Y ____ N ____ Local #: ____

If Yes, Please Provide Social Security or Social Insurance Number and Date of Birth

S.S./S.I. Number: _____ D.O.B. _____

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