

APPLICATION FOR HOMER WILSON SCHOLARSHIP AWARD

**United Steelworkers
District 9
P.O. Box 1105
Gardendale, AL 35071**

(Please fill out legibly-Print in ink or type)

Name of Applicant _____
First Name Initial Last Name

Address _____
Number & Street City State Zip

Name and address of High School Attended _____

Date of Graduation (Between January 1, 2016-July 31, 2016) _____

Indicate below your eligibility to participate in the Scholarship Award (see award rules) sponsored by the Homer Wilson Scholarship.

My parent/step parent is a member in good standing of USW District 9, Local Union _____

Members Name _____
First Name Initial Last Name

Members Address _____
Number & Street City State Zip

Employer _____ Address _____
Number & Street City State Zip

I hereby apply for participation in the Homer Wilson Scholarship Award Program and agree to abide by the award rules attached to this application.

Applicant's Signature _____

NOTE: For this Application to be VALID, it must be returned to the Local Union for signature by a Local Union Officer and affixing of the Local Union Seal.

-----CERTIFICATION OF LOCAL UNION-----

I certify that I have examined the statements of the applicant named on this form, regarding USW Union eligibility and find the statements are true, according to our rules.

Signed _____

LOCAL UNION SEAL

Title _____ LU# _____

Date _____