

2025 SMART LOCAL 565 SCHOLARSHIP APPLICATION

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

HIGH SCHOOL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF PARENT OR GUARDIAN (MEMBER OF 565) AND WHERE THEY WORK:

ARE YOU PLANNING ON ENROLLING OR ENROLLED ALREADY IN A TWO OR FOUR
YEAR PROGRAM?

TWO-YEAR

FOUR-YEAR

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PROGRAM TITLE: _____

THANK YOU!

PLEASE CHECK YOUR APPLICATION CAREFULLY TO BE SURE THAT IT IS SIGNED AND ALL NECESSARY INFORMATION WAS GIVEN. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT IN ADDITION TO THE APPLICATION, THE THREE (3) LETTERS OF RECOMMENDATION FROM 2024 OR 2025, AND TRANSCRIPT OF COURSES AND CLASS RANKING ARE RECEIVED AT THE FOLLOWNG ADDRESS:

SMART LOCAL 565
1602 S. PARK ST. ROOM 105
MADISON, WI 53715

INSTEAD OF MAILING, YOU CAN EMAIL YOUR APPLICATION AND RELATED DOCUMENTS TO SARAH AT: admin@smartlocal565.org

APPLICATIONS MUST BE EMAILED OR POSTMARKED NO LATER THAN MONDAY FEBRUARY 10, 2025. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

REQUIRED SIGNATURE:

To the best of my knowledge, I have provided SMART Local 565 full and truthful information concerning all questions on the application. I agree to provide SMART Local 565 all factors and documentation, which could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of scholarship monies or if monies have already been paid I could be responsible to make the union scholarship whole as to that payment.

APPLICANT SIGNATURE: _____ DATE: _____