THOMAS M. COLLINS SCHOLARSHIP
APPLICATION INSTRUCTIONS

1. Applications must be filled out by the applicant. Please type or print clearly. Only one application is permitted from each applicant. If multiple applications are received from the same applicant, that applicant will receive one (1) entry in the random drawing.

2. All requirements must be met and all information must be completed in order for the application to be considered.

3. Attach proof of attendance at an accredited private high school.

4. Attach a completed Certification by related Member of Sprinkler Fitters Union Local 281, U.A. in good standing included with this application.

5. Review and complete the scholarship application and certification included with this application.

6. Retain a copy of the completed application for your files.

Applications must be received by December 3, 2019 and mailed or hand delivered to the following address:

Sprinkler Fitters Union Local 281, U.A.
Thomas M. Collins Scholarship
11900 South Laramie Avenue
Alsip, Illinois 60803

Awards will be announced in December 2019.
THOMAS M. COLLINS SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: December 3, 2019

Please print or type. Information must be filled out by applicant. Read all instructions carefully.

Personal Information

________________________________________________________________________
Name
________________________________________________________________________
Home Address
________________________________________________________________________
City            State        Zip
________________________________________________________________________
Phone
________________________________________________________________________
Date of Birth

Sprinkler Fitters Union Local 281, U.A. Affiliation

Who in your family is a member of Sprinkler Fitters Union Local 281, U.A.? Please provide the card number for all members. Check all that apply.

☐ Mother   Name ________________________________
            Member Since _________________________
            UA Card Number ______________________

☐ Father  Name ________________________________
            Member Since _________________________
            UA Card Number ______________________

☐ Other    Name ________________________________
            Member Since _________________________
            Relationship: _________________________
            UA Card Number ______________________
            [use additional pages if necessary]
In the 2019 – 2020 school year I am a:

☐ Freshman  Name of High School Attending _____________
☐ Sophomore  _______________________________________
☐ Junior  City and State ______________________________
☐ Senior  Anticipated Graduation Year: ________________

Eligibility

1. All children and grandchildren (as defined under IRS regulations) of members of Sprinkler Fitters Union Local 281, U.A. who are in good standing with the Union are eligible.

2. You must be attending an accredited private high school at the time of the award.

3. Awards must be used for the 2019-2020 school year.

4. Applications must be received by December 3, 2019.

Award Criteria

Award recipients will be selected by random drawing at the Regular Monthly Meeting of Sprinkler Fitters Union Local 281, U.A. to be held on Thursday, December 5, 2019. All eligible applicants whose applications are received by the deadline will be placed for consideration in the random drawing.

__________________________________      ________________________
Signature              Date
Certification by Applicant

I, the undersigned, certify that all of the information I have included in and with my application is true and correct. I understand that if I am selected for an award, I may be required to submit proof of my relationship to a member of Sprinkler Fitters Union Local 281, U.A. and of my enrollment in an accredited private high school. I agree that if I am selected for an award, my name, photograph, and/or related information may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the information above.

__________________________________      ________________________
Signature              Date

Certification by Member of Sprinkler Fitters Union Local 281, U.A.

I, the undersigned, certify that all of the information that is included in and with this application is true and correct. I attest that I am a member of Sprinkler Fitters Union Local 281, U.A. in good standing. I also certify that the individual submitting this Scholarship Application is my child or grandchild (as defined under IRS regulations).

Name _________________________________________
Member Since __________________________________
UA Card Number ________________________________ Name
of Applicant _______________________________
Relationship to Applicant _________________________

__________________________________      ________________________
Signature              Date