



Application for 2020

# LOCAL 399 ANNE GINDORF SCHOLARSHIP AWARD

(\$2500 per year)

Please Print or Type

Name of Applicant: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Male Female

Name of Applicant's Parent who is a Local 399 Union Member: \_\_\_\_\_

Address of Member: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Union Register Number: \_\_\_\_\_ Union Member's Social Security Number: XXX-XX-\_\_\_\_\_  
Last 4 Digits Only

Union Members Employer: \_\_\_\_\_

Name of High School which Applicant Attends: \_\_\_\_\_

High School Address: \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Signature of High School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Applicant Graduation: \_\_\_\_\_

4 Year University or College which Applicant will be attending:

\_\_\_\_\_

Applications must be submitted to the Local 399 office – Attention: Scholarship Committee, 2260 S. Grove Street • Chicago, IL, 60616. Deadline for scholarship application is May 31, 2020.

\_\_\_\_\_  
*Signature of Applicant*