

APPLICATION FOR SCHOLARSHIP

1. Name and address of parent member of Painters District Council #4:

2. Name and address of Applicant:

Phone # _____

Date of Birth _____

3. List all high schools attended, addresses and years each attended. You must obtain from each high school and submit with this application a certified copy of grades and courses for which those grades were achieved.

High School

Address

Years Attended

4. List activities, organizations, sports or any other extra-curricular activities you may have participated in while attending school. List in order of year participation took place, and your position held in such organization.

Ex. Drama Club-President

5. List other activities you have participated in not connected with school. (Church activities, scouts, etc.)

6. List the school (s) to which you have applied and the school you will be attending. **ATTACH A COPY OF THE ACCEPTANCE LETTER:** _____

This application should be received in our office no later than July 1st. The application along with any supporting documents, awards, etc., should be sent in or dropped off to DC #4, 585 Aero Drive, Cheektowaga, NY 14225.

Please do not forget to include your high school transcripts, your college acceptance letter and a short resume about yourself. You may be asked to come in for an interview by the Scholarship Committee if it is deemed necessary or desirable.

Please sign your name and date this application below:

Signature

Date

Print Name