SCHOLARSHIP APPLICATION FORM

Please complete this form and all data sheets accurately and in their entirety. Mail to: George H. Laufenberg Scholarship Fund, Raritan Plaza II, P.O. Box 7818, Edison, New Jersey 08818-7818 by **4/15/2011**. For further information, please call 732-417-3900 ext. 322.

NAME _____
Last First Middle

ADDRESS _____
Number & Street City State Zip

TELEPHONE (_____)_____ BIRTH DATE _____

NAME OF PARENT/LEGAL GUARDIAN/GRANDPARENT WHO IS A MEMBER OF A CARPENTERS LOCAL, AND THEIR SOCIAL SECURITY OR UBC ID NUMBER:

_____

MEMBER'S LOCAL UNION # _____

RELATIONSHIP _____ ADDRESS _____
If different than above

LIST COLLEGES TO WHICH YOU HAVE APPLIED IN ORDER OF PREFERENCE:

COLLEGE/UNIVERSITY ADDRESS ACCEPTANCE REC'D

_____

_____

_____

_____

_____

Last Secondary School Attended Address

_____

Name of Guidance Counselor Name of One Teacher

ACTIVITIES AND HONORS (Academic, Extra Curricular, Community)

_____

_____

_____

_____

WORK EXPERIENCE (IF ANY)

_____

_____

Please enclose on a separate sheet of paper a brief essay about yourself. Be sure to include an evaluation of your past education, your reasons for wanting to continue your education and your career objectives.