## ILA Local 1329-RISA Scholarship Fund 1040 Avenue of the Americas, 24<sup>th</sup> Floor New York, NY, 10018

(212) 505-5050 Application for

## **ILA Local 1329 - RISA SCHOLARSHIP FUND**

Type or print all information in the spaces provided

Last First Middle  Address    Number   Street	Name of $I$	Applicant:		
Number Street  City State Zip code  Date of		Last	First	Middle
City State Zip code  Date of	Address			
Date of Attach copy of birth certificate Sec. #  Relationship Applicant's Tel # ( )  Secondary School:  Name of High School  Principal or Guidance Counselor Graduation Date  Number Street  City State Zip  Consors' Social Security #		Number Street		
Relationship To Employee  Recordary School:  Name of High School  Principal or Guidance Counselor  Number  Street  City  State  Zip  Employee (Sponsor) Information:  Name of Sponsor  Donsors' Social Security #		City	State	Zip code
Relationship to Employee	Date of	/ /	Social	
Secondary School:  Name of High School  Principal or Guidance Counselor Graduation Date  Number Street  City State Zip  Employee (Sponsor)Information:  Name of Sponsor  ponsors' Social Security #	Birth	Attach copy of birth certifica	ate Sec. #	
Name of High School  Principal or Guidance Counselor Graduation Date  Number Street  City State Zip  Employee (Sponsor) Information:  Name of Sponsor  ponsors' Social Security #				
Name of High School  Principal or Guidance Counselor Graduation Date  Number Street  City State Zip  Employee (Sponsor) Information:  Name of Sponsor  ponsors' Social Security #				
Principal or Guidance Counselor Graduation Date    Number Street	_	Y		
Number Street  City State Zip  Employee (Sponsor) Information:  Name of Sponsor  ponsors' Social Security #		Name of High School		
City State Zip  Employee (Sponsor) Information:  Name of Sponsor		Principal or Guidance Counselo	or	Graduation Date
Employee (Sponsor) Information:  Name of Sponsor		Number	Street	
Name of Sponsor		City	State	Zip
Name of Sponsor	Employee	(Sponsor) Information:		
ponsors' Social Security #		-		
Employee or Surviving Spouse's Signature	ponsors'	Social Security #		
Employee of Surviving Spouse 3 Signature	Employee	or Surviving Shouse's Signature		
	TIUDIONEE	or ourviving opouse a dignature	<b>-</b>	

## FINANCIAL REPORT

College Attending					
	<del></del>				
Estimated Costs for School Year expenses	Estimated Resources to meet				
Tuition & Fees	From Savings				
Books	Scholarships				
Travel	Parents (Relatives				
Room & Board	Loans (etc.)				
Personal	Loans(etc.) Applicants Earnings				
Other(specify)	Other(specify)				
TOTAL	TOTAL				
Annual income of Parents	Number of Dependent Children				
or Guardian (circle one)	Nowless and the state of the st				
Under \$10,000	Number now attending college or				
\$10,000 to \$20,000 \$20,000 to \$30,000	other educational facility that parent				
(quardian) support	parent				
\$30,000 to \$40,000					
\$40,000 to \$50,000					
Over \$50,000					
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To Applicant: In order to assist the S scholarships we require:	election committee in awarding of				
1. A transcript of grades from most r have attended.	ecent educational institution that you				
2. A <b>typewritten essay</b> , (500 words or					
interests and future aspirations of ap	plicant.				
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knowledge they are correct.	above statements and to the best of my				
	Signature of Parent or Guardian				
	 Signature of Applicant				

This application must be returned, with a copy the Applicant's Birth Certificate, to the Fund Office at the above address no later than July 31.