



# Local 630 Scholarship Fund

1900 N. Florida Mango Road  
West Palm Beach, FL 33409  
(561) 689-8400  
LU630.ORG

## Scholarship Application

Please complete all fields of this application. Essay must be typed in the space provided on the following page. Essay **MUST** accompany application for consideration.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### Education

High School Attended: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

I will be attending the following school: \_\_\_\_\_

I will be entering the above-mentioned school as a: *(Check One)*

Freshman  Sophomore  Junior  Senior

If awarded this scholarship, I plan to use the funds on the following expenses:

\_\_\_\_\_  
\_\_\_\_\_

### Member Information

Name and address of member (parent/legal guardian of applicant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Union Book #: \_\_\_\_\_



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## Essay Submission

*Please type a one-page essay in the space provided below.*

**Prompt: How has being a union member's son or daughter affected your life?**



**PRESS 'SUBMIT' BELOW TO SUBMIT YOUR APPLICATION AND ESSAY**

OR Download, complete and submit via email to:  
SCHOLARSHIPFUND630@GMAIL.COM