



# Robert Burke Petronella Memorial Scholarship Fund

OF THE LOCAL 371 AMALGAMATED WELFARE TRUST FUND

290 Post Road West, P.O. Box 470, Westport, Connecticut 06881-0470, Telephone 203-226-4751

**THIS APPLICATION AND ALL SUPPORTING MATERIAL MUST  
BE POST-MARKED NO LATER THAN JULY 1, 2008**

I hereby apply for consideration for one of the scholarships to be awarded by the Local 371 Scholarship Committee.

Student's Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Member \_\_\_\_\_ Employed by \_\_\_\_\_

Company Address \_\_\_\_\_

Relationship to member \_\_\_\_\_

I will graduate from \_\_\_\_\_ High School on \_\_\_\_\_

Address \_\_\_\_\_

I have been (or expect to be) accepted for admission to the following College or University: (List name and location of college)

1. \_\_\_\_\_

2. \_\_\_\_\_

Type of Program:     2 year     4 year

Applicant must be member or son or daughter of member of Local 371 in good standing as of January 1, 2007 and must be graduating from high school in 2008.

### STATEMENT OF INTENT & ENCLOSED INFORMATION:

As required by the scholarship committee, I have enclosed

- a clear copy of my scholastic record, with GPA and SAT scores.
- a school profile of marks and class rank
- proof of having been accepted for admission to the college or university i wish to attend
- any activities, clubs or organizations.

Failure to comply with all (4) requirements will automatically disqualify you for consideration.

I further agree to use any scholarships received for college expenses during the school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WINNERS ONLY WILL BE NOTIFIED BY CERTIFIED MAIL IN AUGUST 2008.**