

Application for 2021 LOCAL 399 ANNE GINDORF SCHOLARSHIP AWARD

(\$2500 per year)

		Please Print or Type		
Name of Applicant:	(First Name)			
	, , , , , , , , , , , , , , , , , , ,	(Middle Name)	(Last N	ame)
Address:	(Street)	(City/State)		(Zip Code)
				、 、 、 、
Home Phone Number: (_)		Male	Female
Name of Applicant's Pare	ent who is a L	ocal 399 Union Member:		
Address of Member:	(Street)	(City/State)		(Zip Code)
	(01001)	(ony/otac)		
Union Register Number:		_ Union Member's Social Security Number:	XXX-X	X
				Last 4 Digits Only
Union Members Employe	ər:			
Name of High School wh	nich Applicar	nt Attends:		
High School Address:	(Street)	(City/State)		(Zip Code)
Signature of High School	Principal:		Date: _	
Date of Applicant Gradu	ation:			
4 Year University or Colle	ege which A	oplicant will be attending:		

Applications must be submitted to the Local 399 office – Attention: Scholarship Committee, 2260 S. Grove Street • Chicago, IL, 60616. Deadline for scholarship application is May 31, 2021.