



Application for 2025

LOCAL 399 ANNE GINDORF SCHOLARSHIP AWARD

(\$5000 per year)

Please Print or Type

Name of Applicant: _____
(First Name) (Middle Name) (Last Name)

Address: _____
(Street) (City/State) (Zip Code)

Home Phone Number: (____) _____ Male Female

Name of Applicant's Parent who is a Local 399 Union Member: _____

Address of Member: _____
(Street) (City/State) (Zip Code)

Union Register Number: _____ Union Member's Social Security Number: XXX-XX-_____
Last 4 Digits Only

Union Member's Employer: _____

Name of High School which Applicant Attends: _____

High School Address: _____
(Street) (City/State) (Zip Code)

Signature of High School Principal: _____ Date: _____

Date of Applicant Graduation: _____

4 Year University or College which Applicant 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 30, 2025.

Signature of Applicant