

**Twin Cities' PDC APWU Local
American Postal Workers' Union**

SCHOLARSHIP APPLICATION

****APPLICANT INFORMATION**

Scholarship Applicant's Name _____

Home Address _____

City, State, Zip Code _____

Home Phone _____

High School _____ Year of Graduation _____

****APWU UNION MEMBER INFORMATION**

Parent's Name (or Grandparent or Guardian) _____

APWU Member's Employee I D _____

Craft _____ Pay Location _____ Work Phone # _____

Home Address _____

Home Phone _____

****APWU OFFICE INFO (to be completed by APWU Union Office)**

Date application was received _____

Union membership verified by: _____ Date Joined Union _____

**This information will be treated in conformity with the rules and regulations established by the Twin Cities PDC APWU Local Scholarship Committee.

This application **MUST BE MAILED** to: **TWIN CITIES PDC APWU LOCAL
SCHOLARSHIP COMMITTEE
2825 LONE OAK PARKWAY
EAGAN MN 55121-9100**

This application must be POSTMARKED no later than March 20th, of the current year.