

**CBTU
LONG ISLAND CHAPTER SCHOLARSHIP
APPLICATION**

Name:Last _____ **First** _____ **MI** _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Home Telephone _____ **Cell Number** _____

School Name Attending: _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Telephone Number: _____

Name of Parent/Guardian/Relative: _____

Address if Different: _____

Telephone Number: _____

Union Affiliation: _____

Student's Signature: _____

Parent/Guardian Signature: _____

Check to see if you have all your documents