

ACTIVE OR DECEASED UFA MEMBER

**UFA SCHOLARSHIP FUND, INC.
2017 APPLICATION**

APPLICATION DEADLINE: **MONDAY, OCTOBER 2, 2017**
APPLICATIONS RECEIVED AFTER DEADLINE WILL BE INELIGIBLE!

STUDENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

(Checks will be mailed to this address)

STUDENT'S TELEPHONE NUMBER: _____

STUDENT'S DATE OF BIRTH: _____

STUDENT'S ACCREDITED COLLEGE, UNIVERSITY OR TRADE SCHOOL:

(High School and Graduate School Not Eligible)

INCLUDE PROOF OF ENROLLMENT (REFER TO GUIDELINES)

CREDIT LOAD FALL SEMESTER (#): _____

HAS STUDENT PREVIOUSLY RECEIVED A UFA SCHOLARSHIP FUND

AWARD: _____ IF YES, WHAT YEAR(S)? _____

UFA MEMBERS NAME: _____

UFA MEMBER'S SOCIAL SECURITY NUMBER (last 4 digits): _____

ASSIGNED COMPANY: _____

Please check one:

ACTIVE:

Dependent Child of Active UFA Member Spouse of Active UFA Member Active Member

DECEASED:

Dependent Child or Widow of UFA Member (Line of Duty Death)
 Dependent Child of Deceased UFA Member (Non-Line of Duty Death)

FOR OFFICE USE ONLY

Vendor: _____

Check Number: _____

Check Date: _____

Approved by: _____