

**THE EUGENE AND RAYMOND CARDOZA
MEMORIAL SCHOLARSHIP PROGRAM
2023-2024 SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION - (PLEASE PRINT CLEARLY)

First:		Middle:		Last:	
Street address:					
City		State		Zip code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /		Home Phone:	
Currently Attending: (please check one box): <input type="checkbox"/> High School <input type="checkbox"/> College (If attending College) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore		Date of Graduation / /			
Name of School:					

PARENT/LEGAL GUARDIAN INFORMATION

First:		Middle:		Last:	
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MANAGEMENT APPLICANT

(SEE PROGRAM RULES AND REGULATIONS - ELIGIBILITY REQUIREMENTS)

Son Daughter Grandchild

(PLEASE CHECK ONE BOX):

an owner or officer of a contributing signatory plumbing firm

an office staff employee

Contributing Employer (Company/Firm name):

Initial Date of Employment:

Position/Title:

PLUMBERS LOCAL UNION #1 APPLICANT

(SEE PROGRAM RULES AND REGULATIONS - ELIGIBILITY REQUIREMENTS)

Contributing Employer (Company/Firm name):

Initial Date of Employment:

Position/Title:

FOR OFFICE USE ONLY:

SECONDARY SCHOOL INFORMATION

Attach High School Transcript, copy of your SAT/ACT scores and letter of recommendation, or if in college, High School Transcript, College Transcript to date and letter of recommendation to this application form, and return to the Promotion Fund Office on or before February 1, 2024.

LIST MAJOR STUDENT AND COMMUNITY ACTIVITIES IN WHICH YOU HAVE ENGAGED, AND OFFICES HELD WHILE ATTENDING HIGH SCHOOL AND/OR COLLEGE:

LIST ALL HONORS AND AWARDS RECEIVED IN HIGH SCHOOL, COLLEGE OR COMMUNITY:

FILL IN THE REQUIRED INFORMATION

SAT SCORES			OR	ACT SCORES			
MATH	READING/WRITING	ESSAY	MATH	READING	WRITING	ENGLISH	SCIENCE
HIGH SCHOOL		AVERAGE	RANK	WHAT COLLEGE DO YOU PLAN TO ATTEND?			
AVERAGE	RANK	WHAT COURSE OF STUDIES WILL YOU PURSUE?					

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE AND I UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY ME FROM THE SCHOLARSHIP COMPETITION.

STUDENT SIGNATURE: _____

DATE: / /

MANAGEMENT APPLICANT ONLY -

NAME (SIGNATORY PLUMBING FIRM OWNER): _____
(Please Print)

DATE: / /

SIGNATURE: _____