THE EUGENE AND RAYMOND CARDOZA MEMORIAL SCHOLARSHIP PROGRAM

2026 - 2027 SCHOLARSHIP APPLICATION

APPLICANT INFORMATION - (PLEASE PRINT CLEARLY)

First:	Middle:	Last:

Street address:

City	State	Zip code:	Email:

Gender: ❑Male ❑Female	Date of Birth: / /	Home Phone:	Cell Phone:

Currently Attending: (**please check one box**): ❑ High School ❑ College
(*If attending College*) ❑ Freshman ❑ Sophomore

Name of School:

Date of Graduation

/ /

PARENT/LEGAL GUARDIAN INFORMATION

First:	Middle:	Last:

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 12, 2027.

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 INFORMATON

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): _____ DATE: / /

(Please Print)

SIGNATURE: _____