

WAUKESHA COUNTY LABOR COUNCIL
SCHOLARSHIP APPLICATION FORM
TO BE FILLED OUT BY HIGH SCHOOL PERSONNEL

Date

Name of Student Phone Number

Address City State Zip

High School Graduation Date

Rank in Class In Class Of Grade Average

Test Results: ACT or SAT

Parent/Guardian Name Phone Number

Address City State Zip

Signature Title

Please return completed form to:

Waukesha County Labor Council Secretary
1726 South West Avenue
Waukesha, WI 53189

WAUKESHA COUNTY LABOR COUNCIL
SCHOLARSHIP APPLICATION FORM

Date

Name (Last) (First) (Middle) Phone Number

Address City State Zip

High School Graduation Date

Parent/Guardian Name

Union Affiliation Local Number

College/University you plan on attending Have you been
accepted?

References: Two (2) persons not related to you

Name Phone Number

Address City State Zip

Name Phone Number

Address City State Zip
(over)

Write several paragraphs telling us about yourself, listing your extra curricular activities such as jobs, hobbies, sports, church activities, etc.

