

**ATU LOCAL 308 SCHOLARSHIP FUND
OFFICIAL APPLICATION FORM**

Return completed application along with essay.
NO LATER THAN AUGUST 12, 2024-5:00 PM

ATU Scholarship Program
Amalgamated Transit Union - Local 308
11204 South Western Avenue
Chicago, IL 60643

Name of Applicant: Mr./Mrs./Miss/Ms. -----,----- - - - - - ,----- - - - - -
(Preferred Title) First Middle Last

Address: - - - - - City/State/Zip - - - - -
Street

Telephone () _____ Applicant SSN _____ D.O.B. _____

NAME OF SPONSORING ATU MEMBER _____

Sponsor is a Member _____ Since _____ Signature of Sponsor _____

Relationship of applicant to ATU member: _____

If ATU member is deceased, please provide date of death : _____

SIGNATURE OF SECRETARY-TREASURER VERIFYING MEMBERSHIP-- _____

High School: _____ of Graduation: _____
Month & Year

Address : - - - - -
Street

City State Zip Phone () _____

Name of Principal:- - - - -

Post-secondary school where applicant is enrolled as of the 2024-2025 school year: _____

Address : - - - - -
Street

City State Zip Phone () _____

I hereby certify that the above information is true and correct.

Applicant's Signature

Date _____

**NOTE: PLEASE RETURN THIS APPLICATION WITH THE TYPED ESSAY
(SEE APPLICATION RULES AND PROCEDURES) APPLICATION MUST BE
RECEIVED IN OFFICE BY AUGUST 12, 2024-5:00 PM
ATU LOCAL 308 RESERVES ALL RIGHTS**