



**APPLICATION FOR THE 2017 THOMAS C. DUGAN MEMORIAL SCHOLARSHIP AWARD**

**A. Applicant information**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Street City Zip County

Place of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_  
City/Town State Zip Yes No

High School \_\_\_\_\_ Phone No: \_\_\_\_\_  
City/Town State Zip

**B. Family information**

Father's Full Name \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Industry Fund Contributor \_\_\_\_\_ Y \_\_\_\_\_ N

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Industry Fund Contributor \_\_\_\_\_ Y \_\_\_\_\_ N

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian who supports you \_\_\_\_\_

Name of brothers and/or sisters and their ages \_\_\_\_\_

If any are attending college, give name of college or university and years attended \_\_\_\_\_

**C. Schooling & Activities**

High School/s attended \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

NUMBER OF SENIORS IN YOUR CLASS \_\_\_\_\_ CLASS RANK \_\_\_\_\_

1. List any distinctions or honors you have won, scholastic or otherwise: \_\_\_\_\_

2. Have you received or applied for any scholarship, or other aid, toward your college education? \_\_\_\_\_

If so, describe briefly: \_\_\_\_\_

3. In what extra-curricular activities did you participate: \_\_\_\_\_

4. What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_

**D. Higher Education Ambitions**

Name of college or university you will attend \_\_\_\_\_

Address of college or university \_\_\_\_\_

Field of study \_\_\_\_\_

**E. References** (*Applications will be considered incomplete until all references have written to the scholarship committee. This is the responsibility of the applicant.*) In the space provided below, list the name of people, other than relatives, who can speak of your character, social life and personality. Please include the name of your high school counselor. A reference letter from each should be submitted to the Scholarship Committee.

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**F. Employment Record**

<u>Firm Name</u>	<u>Address</u>	<u>Type of Work</u>	<u>Employment Length</u>
_____	_____	_____	_____
_____	_____	_____	_____

**G. Additional Information** (*enclose with application*)

1. Complete transcript of your high school grades to date
2. Letter from the Dean of Admissions of the college or university you plan to attend (if available at the time this application is mailed)
3. Please attach a recent photograph
4. College entrance board examination score\* (SAT/ACT)
5. Attach a personal letter telling what you consider to be your qualifications for the scholarship. Make some statement concerning your educational goals.

**This application must be submitted no later than the date indicated on the rules sheet to:**

Scholarship Committee  
Ironworker Employers Association of Western PA  
Foster Plaza 9  
750 Holiday Drive, Suite 615  
Pittsburgh, PA 15220

Please recheck your application to be sure all questions are answered and all **other requested information is enclosed.**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

*\*College entrance board examinations will be given periodically.  
Applicant must contact the principal of his/her high school to make arrangements for testing.*