



APPLICATION / 2022 THOMAS C. DUGAN MEMORIAL SCHOLARSHIP AWARD

A. Applicant information

Social Security Number (*last 4 digits only*): _____

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 _____

Names and ages of brothers and/or sisters _____

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 students in your senior class _____ Your 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 names of people, other than relatives, who can speak to 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>Employer</u> | <u>Address</u> | <u>Type of Work</u> | <u>Employment Length</u> |
|-------|-----------------|----------------|---------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

G. Additional Information (*to be enclosed with your 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 us what you consider to be your qualifications for the scholarship. Include a 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
135 Technology Drive
Suite 311
Canonsburg, PA 15317

Please check your application to be sure all questions have been answered and that all **other requested information is enclosed.**

Date _____ Signature of Applicant _____

(Revised 3/14/22)