

International Brotherhood of Electrical Workers
Local Union 415
810 Fremont Avenue
Cheyenne, Wyoming 82001



Chartered June 12, 1903

STOCKER SCHOLARSHIP FUND APPLICATION

DATE: _____

NAME OF APPLICANT: _____

CARD NUMBER: _____ **PHONE NUMBER:** (____) _____

ADDRESS: _____

**IF DEPENDENT, AS DEFINED BY U.S. DEPT. OF EDUCATION STANDARDS, OF
LOCAL 415 MEMBER:**

NAME OF MEMBER: _____

RELATIONSHIP: _____

CARD NUMBER OF MEMBER: _____

1. WHAT OTHER ASSISTANCE ARE YOU RECEIVING OR PLAN TO APPLY FOR?

2. WILL YOU BE A FULL TIME STUDENT: _____

3. COURSE OF STUDY PLANNED? _____

INSTITUTION ATTENDING? _____

STATUS/CLASS LEVEL? _____

HOW MANY CREDIT HOURS WILL YOU BE TAKING? _____

4. NUMBER OF YEARS YOU PLAN TO ATTEND? _____

5. ATTACH HIGH SCHOOL/GED/COLLEGE TRANSCRIPT.

6. HIGH SCHOOL/GED GRADE POINT AVERAGE: _____

COLLEGE GRADE POINT AVERAGE: _____

7. ATTACH PROOF OF COLLEGE ENROLLMENT.

SIGNATURE OF APPLICANT

