

The Joseph Caradonna Scholarship

APPLICATION THE JOSEPH CARADONNA SCHOLARSHIP

Sponsored by

The Joseph Caradonna Scholarship Fund
c/o Local 1-2 Utility Workers Union of America, AFL-CIO
8 East 36th Street, 5th Floor, New York, NY 10016 (212) 575-4400

(PLEASE PRINT AND COMPLETE ENTIRE FORM)

Date: _____

College or School I expect to attend:

Name: _____

Date of Birth: _____

Address: _____

Parent's Signature:

Home phone: _____

Name of Parent: _____

Employee Number: _____

Job Title: _____

Department: _____

Company: _____

Work Location: _____

Shop Steward: _____

Parent's Phone number: _____

High School: _____

High School Address: _____

This is to certify that the Candidate, whose name is written on this application, is a candidate for graduation at the end of the term ending June ____, 20__.

Principal's Signature: _____

Principals please note: Applications must be postmarked by June ____, 20__ and must be accompanied by: Official Transcript of High School Grades for at least the first six terms.

Must be postmarked by June 20, 2023