

U.F.C.W. Local 655 Education Grant

ALL FIELDS MUST BE COMPLETED

Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

Telephone: (____) _____ - _____

Employer: _____ Location: _____

School Attending: _____

(Name of Extended Educational Facility/Campus)

Program of Study: _____

ENROLLED FOR: Spring 20__
 Fall 20__
 Summer 20__

1. Applicant must be a current member of UFCW Local 655.
2. Grants of \$150.00 each will be awarded.
3. Winners names will be drawn at the Monthly Business Meetings in the months of January and June.
4. Winners must provide proof of a passing grade(s) in the course(s) completed in the enrolled semester indicated above.
5. Grants will be awarded at any of the six Monthly Business Meetings following the drawing.
6. This application is available online at www.ufcw655.org.

PLEASE RETURN COMPLETED APPLICATION TO:
U.F.C.W. LOCAL 655 - EDUCATION GRANT
300 WEIDMAN ROAD
BALLWIN, MO 63011

Or give the completed application to your Union Representative