



# Terry Agbunag Scholarship Application



**Student's Name:** \_\_\_\_\_  
Last First MI

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Are you currently enrolled in high school?  or college?
- Have you ever applied for this application before? Yes  No
- Indicate if you are:  a dues-paying member  
 spouse of a dues-paying member  
 or the child of a dues-paying member

**Address:** \_\_\_\_\_  
Street, Avenue, P.O. Box or apartment number

\_\_\_\_\_  
City State Zip Code

**Telephone number where you can be reached:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Sex:** Male  Female

**Name of Local 1613 member:** \_\_\_\_\_

**Station:** \_\_\_\_\_

**Name of accredited two or four-year institution or trade school that you plan to or are currently attending:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

**Overall current GPA:** \_\_\_\_\_ (Please provide a copy of transcripts)

**List academic honors, scholastic, community groups, or other involvement which you feel may be important:**

I certify that this information is true and correct to the best of my knowledge. I understand that falsification of information on this application may jeopardize my chances to receive this scholarship. By signing this form, I agree to accept decision which is made by the Terry Agbunag Scholarship Committee regarding this scholarship.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_