



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
 - the child of a dues-paying member

Home 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: _____

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:** ____/____/____