CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

USW SCHOLARSHIP APPLICATION FORM

SENIOR QUESTIONAIRE FOR LOCAL AWARDS AND SCHOLARSHIPS

Office Code: _____

PLEASE TYPE OR PRINT

_____ _____

Last Name First Name Date of Birth

_____ _____

Career Goal Telephone

AGPA_____ RIC_____ Number in Class_____

(Above Filled in by Counselor's Office)

Signature of Counselor _____ **Phone Ext.** _____

1. High School attending: _____ # of Years: _____
2. Junior (Middle) School Last Attended: _____ # of Years: _____
3. Elementary School Last Attended: _____ # of Years: _____

MAJOR ORGANIZATIONS TO WHICH YOU BELONG – 9th to 12th Grades

	School Clubs	Offices Held	Dates
1.			
2.			
3.			
4.			

SPORTS IN WHICH YOU HAVE PARTICIPATED – 9th to 12th Grades

	Sports	Dates
1.		
2.		
3.		

Is either of your parents a member of the United Steelworkers Union or any other union organization: _____ _____

Yes No

If your parent(s) work for the Fontana Unified School District, who, where and in what department?

_____

_____

HONORS OR AWARDS YOU HAVE RECEIVED – 9th to 12th Grades

_____

_____

_____

_____