2020 Joseph Bernstein, Sr. Memorial Scholarship Application Form

Name of Applicant First Name	IVII	Last Name
Address		
Address Home Number & Street	City and State	Zip Code
Parent's Home Phone Number		
Name of Applicant's Parent		
who is a member of Local 781		
for at least 12 consecutive months)		
elationship to Member		
ocial Security Number of Parent _		
arent's Employer		
Jame of High School		
ttended by Applicant		
ddress of High School		
Date of Graduation		
Name of		
rincipal		
ollege you will attend		
Career Goal		

Joseph Bernstein, Sr. Memorial Scholarship Program

Complete and mail this form by **May 31, 2020** to

The Scholarship Committee 747 Church Road Building D Elmhurst, IL 60126

Those who apply will receive instructions on information needed by the judges to select the winners. Applicants will be asked to supply transcripts of their High School records. The students will be required to send proof of their enrollment in a college, university or nursing program. The Executive Board will determine the number of awards to be granted.

THE DECISION OF THE JUDGES IS FINAL!

Applicants are limited to 2020 High School Graduating Seniors



Chicago Federation of Labor______February 10, 2020 James R. Hoffa Memorial Scholarship______March 2, 2020 Joseph Bernstein, Sr. Memorial Scholarship______May 31, 2020