



Official Application Form

David B. Durkee Memorial Scholarship Program

For Students Entering College in the Fall of 2021

DATE: _____

Please Print

Social Security No. XXX-XX-

Mrs.
Ms.

Name of Applicant: Mr. _____
(Last) *(First)* *(Middle)*

Address _____
(Street) *(City)* *(State & Zip Code)*

Home Phone () _____ Email _____

Name of High School _____ Month & Year
of Graduation _____

Address _____
(Street) *(City)* *(State & Zip Code)*

Name of Principal _____ School Phone () _____
(Last) *(First)*

List, **in order of preference**, the accredited colleges, vocational or technical institutions to which you are applying for admission: (Please do not use abbreviations.)

1. _____ 2. _____
3. _____

.....
This portion must be completed by the Financial Secretary of the Member's BCTGM Local Union before it can be processed. DO NOT send to the International Scholarship Program office without completion of the section below.
.....

Name of BCTGM Member _____ Social Security No. _____

Relationship of Applicant to BCTGM Member: self ___ daughter ___ son ___ stepdaughter ___ stepson ___

I hereby certify that the above member is in good standing as of (give most current date) _____
and is now employed by _____ as a _____
(Name of Company) *(Job Classification)*

Signed _____
(Financial Secretary)

BCTGM Local Union No. _____

LOCAL UNION SEAL _____ Date _____

Return Completed Form NO LATER than January 31, 2021, to:
(Applications will not be accepted after that date)

David B. Durkee Memorial Scholarship Program
10401 Connecticut Avenue
Kensington, MD 20895-3961
Phone: (301) 933-8600 Fax: (301) 946-8452

