



Official Application Form

David B. Durkee Memorial Scholarship Program

For Students Entering College in the Fall of 2024

DATE: _____

Please Print

*Applicant Social Security No. _____

Name of Applicant: _____
(Last) (First) (Middle)

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

Phone () _____ Email _____

Name of High School _____ Month & Year of Graduation _____

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



Name of BCTGM Member _____ *Member Social Security No _____

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

Local Union # _____ BCTGM Member's Employer _____

*Social Security numbers **MUST** be provided for application to be processed.

Return Completed Form NO LATER than January 31, 2024, to:
(Applications will not be accepted after that date)

David B. Durkee Memorial Scholarship Program
10401 Connecticut Avenue
Kensington, MD 20895-3961
Phone: (301) 692-2878

