



Official Application Form- Member

David B. Durkee Memorial Scholarship Program
For BCTGM Members Starting or Returning to College/Technical School in
the Fall of 2025

Please Print Clearly

DATE: _____

Name of Member/Applicant:
*Member/Applicant Social Security No (9 digit):
Address
Phone
Email

Name of High School
Date of Graduation

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_____ *Local Union #* _____ *BCTGM Member's Employer*

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

Please Return Completed Form to:
David B. Durkee Memorial Scholarship Program
BCTGM International Union
10401 Connecticut Avenue
Kensington, MD 20895-3961
Phone: (301) 692-2878
jmarques@bctgm.org

