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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

Name of Member/Applicant: *Member/Applicant Social Security No (9 digit): Address Phone Email Name of High School Date of Graduation **Description of the security No (9 digit): **Description of	DATE:
Address Phone Email Name of High School Date of Graduation	Name of Member/Applicant:
Phone Email Name of High School Date of Graduation	*Member/Applicant Social Security No (9 digit):
Name of High School Date of Graduation	Address
Name of High School Date of Graduation	Phone
Date of Graduation	Email
Date of Graduation	
•••••••••••••••••••••••••••••••••••••••	Name of High School
	Date of Graduation
Local Union # BCTGM Member's Employer	•••••••••••••••••••••••••••••••••••
Local Union # BCTGM Member's Employer	
	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