



Robert Burke Petronella *Memorial Scholarship Fund*

OF THE LOCAL 371 AMALGAMATED WELFARE TRUST FUND

290 Post Road West. P.O. Box 470, Westport. Connecticut 06881-0470, Telephone 203-226-4751

THIS APPLICATION AND ALL SUPPORTING MATERIAL MUST
BE POST-MARKED NO LATER THAN JULY 1, 2011

I hereby apply for consideration for one of the scholarships to be awarded by the Local 371
Scholarship Committee.

Student's Name _____ S.S. # _____

Address _____ City _____

State _____ Zip _____ Telephone # _____

Name of Member _____ Employed by _____

Company Address _____

Relationship to member _____

I will graduate from _____ High School on _____

Address _____

I have been {or expect to be} accepted for admission to the following College or University: (List name
and location of college)

1. _____

2. _____

Type of Program: 2 year 4 year

Applicant must be a member or son or daughter of member of Local 371 in good standing as of
January 1, 2010 and must be graduating from high school in 2011.

STATEMENT OF INTENT & ENCLOSED INFORMATION:

As required by the scholarship committee, I have enclosed

- a clear copy of my scholastic record, with GPA and SAT scores.
- a school profile of marks and class rank
- proof of having been accepted for admission to the college or university I wish to attend
- any activities, clubs or organizations.

Failure to comply with all (4) requirements will automatically disqualify you for consideration.

I further agree to use any scholarships received for college expenses during the school year.

Signature _____ Date _____

WINNERS ONLY WILL BE NOTIFIED BY CERTIFIED MAIL IN AUGUST 2011.