

**“Robert Burke Petronella Memorial Scholarship Fund”**

**OF THE UFCW AND PARTICIPATING EMPLOYERS NEW ENGLAND HEALTH FUND**

To be eligible, a member must be in continuous good standing for at least twelve (12) months immediately

preceding June 2023. **A qualified applicant is a full or part-time member, or a son, daughter or**

**grandchild** **of a member** and **must be graduating from high school in 2023**.

I hereby apply for consideration for one of the three (3) $2,500 per school year scholarships to be awarded by the UFCW New England Health Fund Scholarship Committee.

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will graduate from High School on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Address of High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been (or expect to be) accepted for admission to the following College, University or Trade School: **List name and location of school:** **Type of Program**: **** 2-year | **** 4-year

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. ­­­ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 grades and class rank
* Proof of having been accepted for admission to the college or university I wish to attend
* Any activities, clubs or organizations that I participate in
* A 300 to 500-word essay on **“Describe your relationship with our Union and the Labor movement; in what ways has it personally affected your life and your family’s life.”**

**ELECTRONIC SUBMISSION IS ACCEPTABLE** - please send to contact@ufcw371.org

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This application and all supporting material must be post-marked no later than June 15, 2023**

**MAIL TO: 290 POST ROAD WEST, PO BOX 470, WESTPORT, CT 06881**