

**AMALGAMATED TRANSIT UNION SCHOLARSHIP PROGRAM**  
**OFFICIAL APPLICATION FORM - FALL 2018 TERM**

Return completed application **POSTMARKED NO LATER THAN JANUARY 31, 2018** to:

ATU Scholarship Program  
Amalgamated Transit Union  
10000 New Hampshire Avenue  
Silver Spring, MD 20903

**Name of Applicant:** Mr./Mrs./Miss/Ms.  
(Circle Preferred) (First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State/Province, Zip/Postal Code)

**Phone Number:** \_\_\_\_\_

**Name of Sponsoring ATU Member:** \_\_\_\_\_

**ATU Member's Local Union Number:** \_\_\_\_\_

**Relationship of applicant to ATU member:** self \_\_\_ child \_\_\_ stepchild \_\_\_ grandchild \_\_\_\_\_

**High School:** \_\_\_\_\_ **Month & Year of Graduation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State/Province, Zip/Postal Code)

**Name of Principal:** \_\_\_\_\_

List in order of preference, the accredited colleges, technical or vocational institutions to which you are applying for admission (**no abbreviations**):

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date