

U.F.C.W. Local 655 Education Grant

Name: _____ SS# _____
Home Address: _____
City, State, Zip Code: _____
Telephone: (____) _____
Employer: _____ Location: _____
School Attending: _____
(Name of Extended Educational Facility/Campus)

ENROLLED FOR: Spring 20__
Fall 20__
Summer 20__

Location: _____
Program of Study: _____
Classes: _____

- 1) Applicant must be a current member of U.F.C.W. Local 655.
- 2) Winners names will be drawn at the Monthly Business Meetings in the months of January and June.
- 3) Grants of \$150.00 each will be awarded upon completion of the course and proof of a passing grade is presented.
- 4) You may download this application online at www.ufcw655.com.

PLEASE RETURN APPLICATION TO:
U.F.C.W. LOCAL 655 - EDUCATION GRANT
300 WEIDMAN ROAD
BALLWIN, MO 63011

Or give the completed application to your Union Representative