



**APPLICATION FOR U.F.C.W. LOCAL 655**  
**EDUCATION GRANT**

**NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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 the completion of the course and proof of a passing grade is presented.

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