Education Committee Scholarships

The DC 37 Education Committee offers four types of scholarships to children and grandchildren of DC 37 active members or retirees who are members of the DC 37 Retirees Association. The scholarships are for freshmen or sophomores in a college, university, technical or trade school. The selection process will be by lottery.

Please fill out the attached request for an application package. When your request is received an application package will be sent to you. The application package will consist of the scholarship guidelines, instructions and an application form. Your child or grandchild will be able to apply to the scholarship of their choice. He or she may apply for more than one of the available scholarships for which they are qualified. However, applicants may only receive one Education Committee scholarship per academic year.

When you receive the application package be sure to carefully review the guidelines and instructions with your child or grandchild. A complete application must be received by the deadline date of **Friday, March 9, 2012**, along with all required information. Applications received without the required information are considered incomplete and will not be considered for a scholarship award.

You may fax the request for an application package to (212) 815-1604, or you may mail your request to: DC 37 Education Committee Scholarship Program, 125 Barclay St. Room 814, New York, NY 10007, Attention: Valerie Francis. If you have any questions, please contact the Education Committee at (212) 341-4999.

Request for Scholarship Application

Indicate Status: **Member / /** ***Retiree / /**

***Retirees must be a member, in good standing, of the DC 37 Retirees Association**

Last Name _____ First Name _____

Address_____

_____

City State Zip Code

Business.#:_____ Home#:_____

Cell #_____

S.S.# or PID #:_____ Local_____

PID # is located on your health insurance card

Applicant Information: Child or Grandchild (please circle one)

Last Name_____ First Name _____

Address_____

_____

City State Zip Code

S.S.#_____ Contact Tel.#:_____

/ / PLEASE CHECK IF HS SENIOR