

**AMALGAMATED TRANSIT UNION SCHOLARSHIP PROGRAM**  
**OFFICIAL APPLICATION FORM-FALL 2010 TERM**

Return completed application **POSTMARKED NO LATER THAN JANUARY 31, 2010** to:

ATU Scholarship Program  
Amalgamated Transit Union  
5025 Wisconsin Avenue, NW  
Washington, DC 20016  
(202) 537-1645

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

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

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

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

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

**Relationship of ATU member to applicant:** self \_\_\_\_\_ child or stepchild \_\_\_\_\_  
Month & Year

**High School:** \_\_\_\_\_ **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 \_\_\_\_\_