



“Robert Burke Petronella Memorial Scholarship Fund”

OF THE UFCW AND PARTICIPATING EMPLOYERS NEW ENGLAND HEALTH FUND

To be eligible, a member must be in continuous good standing for at least twelve (12) months immediately preceding June 2023. **A qualified applicant is a full or part-time member, or a son, daughter or grandchild of a member and must be graduating from high school in 2023.**

I hereby apply for consideration for one of the three (3) \$2,500 per school year scholarships to be awarded by the UFCW New England Health Fund Scholarship Committee.

Student's Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name of Member: _____ Phone: _____

Employer: _____ Employer Address: _____

I will graduate from High School on: _____ Name & Address of High School: _____

I have been (or expect to be) accepted for admission to the following College, University or Trade School:

List name and location of school: _____ **Type of Program:** 2-year | 4-year

1. _____ 2. _____

3. _____ 4. _____

STATEMENT OF INTENT & ENCLOSED INFORMATION

As required by the scholarship committee, I have enclosed:

- A clear copy of my scholastic record, with GPA and SAT scores
- A school profile of grades and class rank
- Proof of having been accepted for admission to the college or university I wish to attend
- Any activities, clubs or organizations that I participate in
- A 300 to 500-word essay on **“Describe your relationship with our Union and the Labor movement; in what ways has it personally affected your life and your family’s life.”**

ELECTRONIC SUBMISSION IS ACCEPTABLE - please send to contact@ufcw371.org

I further agree to use any scholarships received for college expenses during the school year.

Signature: _____ Date: _____

This application and all supporting material must be post-marked no later than June 15, 2023

MAIL TO: 290 POST ROAD WEST, PO BOX 470, WESTPORT, CT 06881