



## "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 2024. 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 2024.

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:	P	hone:
Name of Member:	P	hone:
Employer:	Employer Address: _	
l will graduate from High School on	:: Name &	& Address of High School:
have been (or expect to be) according to be have location of schools.		ving College, University or Trade School: rogram: □ 2-year   □ 4-year
STATEME	NT OF INTENT & ENCLOSE	ED INFORMATION
As required by the scholarship co		ID IN ONIMATION
<ul><li>□ A clear copy of my schol</li><li>□ A school profile of grade</li></ul>	lastic record, with GPA and SAT s and class rank	scores
· ·	•	ege or university I wish to attend
•	rganizations that I participate in	nip with our Union and the Labor
	·	our life and your family's life."
	SSION IS ACCEPTABLE - please	
further agree to use any scholars	ships received for college exper	nses during the school year.
Signature:		Date:

This application and all supporting material must be post-marked no later than June 15, 2024