



EUGENE NORTHRUP MEMORIAL SCHOLARSHIP

APPLICATION FOR \$1,000.00 SCHOLARSHIP

1. Name: _____

2. Home Address: _____

3. Family Information: Phone Number _____

Father's Name: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Occupation: _____ Employer: _____

Ages of brothers and sisters dependent of your parents: _____

Number of these enrolled in college: _____

Class in college: _____

4. Are you married? YES _____ NO _____ Number of Children _____

5. When will you graduate from High School? _____

Name of High School _____

To what college will you apply for admission? _____

When do you plan to enter college? _____

What field or major do you expect to take in college? _____

**-APPLICANT MUST ATTACH A COPY OF HIS/HER MOST RECENT HIGH SCHOOL
TRANSCRIPT AND**

**-A 500 WORD ESSAY ON UNIONISM OR THE LABOR MOVEMENT TO BE CONSIDERED FOR
THIS SCHOLARSHIP**

6. Check below the appropriate box which will indicate a rough estimate of your parents' (mother & father, if both work) gross income for the past calendar year.

- | | |
|---|---|
| <input type="checkbox"/> Under \$12,000 | <input type="checkbox"/> \$30,000 to \$50,000 |
| <input type="checkbox"/> \$12,000 to \$30,000 | <input type="checkbox"/> Over \$50,000 |

Financial Information - Please indicate below, as accurately as possible, your anticipated income and expenditures for the total college year (9 months) in which you are applying for the scholarship assistance. Financial need is one criteria for making an award.

INCOME

EXPENDITURES FOR COLLEGE YEAR

-Cash on Hand \$ _____
 -Maximum support
 From parents \$ _____
 -Other scholarships \$ _____
 -Other income \$ _____
 -Total income \$ _____

-Tuition \$ _____
 -Books and supplies \$ _____
 -Room and Board \$ _____
 -Other Expenses \$ _____
 -Total Expenses \$ _____

Please indicate additional facts or information concerning your family's financial situation which might be pertinent to this application for scholarship aid from the United Steel Workers International Union Local 712: _____

7. Please write a statement giving your reasons for seeking a college education _____

8. List the names and addresses of two people, not related to you, other than your High School principal or Teachers who can furnish additional information. One of these should know something of your family's financial status:

- | | |
|-----------|-----------|
| (1) _____ | (2) _____ |
| _____ | _____ |
| _____ | _____ |

I UNDERSTAND THAT IF AN AWARD IS MADE TO ME, I AM UNDER NO LEGAL OBLIGATION TO REPAY IT.

DATE: _____ SIGNATURE: _____

THIS APPLICATION MUST BE SUBMITTED BY April 15, 2021 TO BE ELIGIBLE

Mail this application to: ROYAL J. KINGSLEY,
 CHAIRMAN/U.S.W. SCHOLARSHIP
 901 GRELLE DR.
 LEWISTON, IDAHO 83501
 Phone 208-743-9392 or Fax 208-799-1656