

LEONARD X. FARBMAN MEMORIAL SCHOLARHIP PROGRAM

PLUMBING INDUSTRY PROMOTION FUND OF NEW YORK CITY

2013-2014 APPLICATION FOR SCHOLARSHIP

(TYPE or PRINT all information except your signature in the space provided)

APPLICANT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____
Number _____ Street _____ City _____ State _____ Zip Code _____

TELEPHONE _____ E-MAIL _____

HIGH SCHOOL OR COLLEGE CURRENTLY ATTENDING _____ DATE OF GRADUATION _____

IF CURRENTLY ATTENDING COLLEGE ARE YOU PRESENTLY A _____ FRESHMAN OR _____ SOPHOMORE

PARENT'S NAME (MANAGEMENT APPLICANT ONLY - GRANDPARENT'S NAME IF APPLICABLE) _____

NAME OF PARENT'S (MANAGEMENT APPLICANT ONLY - GRANDPARENT'S NAME IF APPLICABLE) CONTRIBUTING EMPLOYER (COMPANY/FIRM NAME) (Such employer shall have performed work for a minimum of five [5] years in the geographical "jurisdiction" of Plumbers Local Union #1 immediately preceding the date on which the application for scholarship has been submitted.) _____

APPLICANT'S RELATIONSHIP TO CONTRIBUTING EMPLOYER: (See Program Rules and Regulations - Eligibility Requirements)

I AM THE SON, DAUGHTER (OR GRANDCHILD **IN THE CASE OF A MANAGEMENT APPLICANT**) OF --

Select One

a) _____ An Owner or Officer of a contributing Master Plumber Firm

_____ An Office Staff Employee

Initial Date of Employment _____
(Minimum of 7 years employment with the contributing firm required)

Position/Title _____

b) _____ A Plumbers Local Union #1 Member

LIST MAJOR STUDENT AND COMMUNITY ACTIVITIES IN WHICH YOU HAVE ENGAGED AND OFFICES HELD WHILE ATTENDING HIGH SCHOOL AND/OR COLLEGE

LIST ALL HONORS AND AWARDS RECEIVED IN HIGH SCHOOL, COLLEGE OR COMMUNITY

FILL IN THE REQUIRED INFORMATION:

PSAT/SAT SCORES _____ ACT SCORES _____ HIGH SCHOOL (On a basis on 7 Semesters) _____

Mathematics _____ Mathematics _____ English _____ Average _____

Reading _____ Reading _____ Science _____ Rank _____

Writing _____ Writing _____

WHAT COLLEGE DO YOU PLAN TO ATTEND? _____

WHAT COURSE OF STUDIES WILL YOU PURSUE? _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE AND I UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY ME FROM THE SCHOLARSHIP COMPETITION.

APPLICANT'S SIGNATURE _____

DATE _____

MANAGEMENT APPLICANT ONLY

NAME OF MASTER PLUMBING FIRM OWNER _____ SIGNATURE _____ DATE _____

Attach High School Transcript and letter of recommendation, or if in college, High School Transcript, College Transcript to date and letter of recommendation to this application form, and return to the Promotion Fund Office on or before February 1, 2014.