

**AUXILIARY OF THE NEW YORK STATE ASSOCIATION OF  
PLUMBING - HEATING - COOLING CONTRACTORS**

**SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**PARENT or GUARDIAN'S FULL NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**SPONSORING AUXILIARY MEMBER'S SIGNATURE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**CAREER PLANS:**

What career do you intend to follow?

What school are you planning to attend or attending now?

SCHOOL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_

**SCHOLASTIC DATA:** HIGH SCHOOL ATTENDED/ATTENDING: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_ PRINCIPAL'S NAME: \_\_\_\_\_ GPA: \_\_\_\_\_

NAME OF COLLEGE (if currently attending): \_\_\_\_\_

DEAN or ADVISOR'S NAME: \_\_\_\_\_ GPA: \_\_\_\_\_

**SCHOLARSHIP APPLICATION INSTRUCTIONS**

1. Read SCHOLARSHIP RULES.
2. Complete application. DO NOT LEAVE ANY BLANKS.
3. Send the original and two copies of the following items:
  - a. Scholarship Application
  - b. Personal letter giving full details of education plans.
  - c. Reference letters as detailed in the SCHOLARSHIP RULES.
  - d. Letter and transcript from Principal or authorized member of current high school or college staff.
  - e. Separate list of extracurricular school or community activities.
4. Please indicate if transcript is being sent directly from school. YES \_\_\_\_\_ NO \_\_\_\_\_

**I hereby certify that the above is true and accurate.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Send all application materials to:**

**Mrs. Patricia Blank  
187 N Transit Hill Dr  
Depew, NY 14043**