

# 2024 UAW Local 833 Student Scholarship Application



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

(Local) Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Student  Tech School Student  College Student-What year (please circle): 1 2 3 4 5

Current School name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Place of Employment/Division (i.e. Pottery, Faucets, Generator): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Place of Employment/Division (i.e. Pottery, Faucets, Generator): \_\_\_\_\_

Is your parent a member of UAW Local 833?  Father  Mother  Both

What is your cumulative GPA? \_\_\_\_\_  4.0 OR  weighted GPA

National Honor Society Member? Y or N

School in which you plan to enroll: (Please give name and city)

First Choice: \_\_\_\_\_  Accepted

Second Choice: \_\_\_\_\_  Accepted

If known, what is your major? \_\_\_\_\_

"Gross" combined income of address listed above: \_\_\_\_\_ (Will be kept confidential)

(Disclaimer: deliberate attempt to falsify earnings or understate earnings will disqualify your application)

Are there any others in your family enrolled in a school of higher education?

Yes (If so, please add name & relationship: \_\_\_\_\_)  No

**\*\*\*Please see page 2 for the requirements necessary to be submitted with your application.**

The Scholarship Committee requires the following to be submitted with your application:

**\*If any of the following requirements are not met, the application will not be valid\***

A) **Personal Statement**-Please attach a personal statement why you believe you should merit a Scholarship Award. Items to include for the Committee to consider you are:

- 1) How you have shown involvement both in and out of school  
(High school / College activities / Community involvement).
- 2) Why do you desire to pursue your education?
- 3) Any other items you deem important to help you qualify for a Scholarship Award.

B) **A copy of your high school, tech school or college transcript**

C) **A Letter of Recommendation**- A statement from a teacher/staff member from your current school, pastor or any organization.

D) **Eligible applicants** must be child or stepchild of a UAW Local 833 Member or Retiree.

Mail or return your application with all of the required attachments to:

UAW Local 833 Scholarship Committee  
5424 Superior Ave.  
Sheboygan, WI 53083

All applications must be returned to Local 833 no later than March 18, 2024. Applications will be reviewed by the Committee and eligible applicants will be notified by mail.

**\*\*NOTE: Scholarships will be presented at the Membership meeting, May 18, 2024.**

Signature of Applicant: \_\_\_\_\_

Signature of Local 833 Member (Parent): \_\_\_\_\_