





## 2014 IAM VOCATIONAL/TECHNICAL SCHOLARSHIP APPLICATION FORM

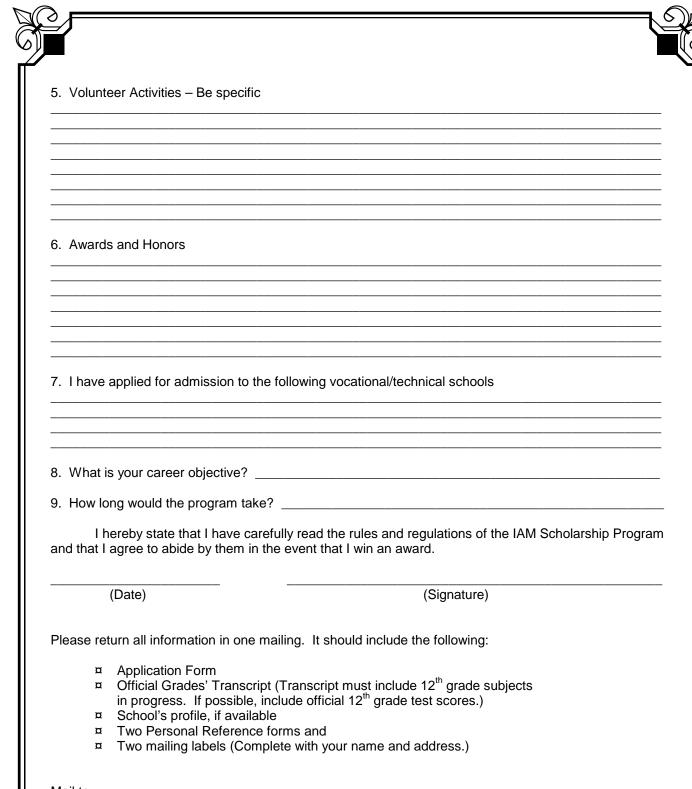
(This form is to be used by a CHILD of an IAM MEMBER.)

Please read the **2014 Scholarship Competition** (Announcement) and the Application Form carefully. Provide all information requested on the Application Form. **RETURN ALL INFORMATION TOGETHER, INCLUDING GRADES** TRANSCRIPT AND PERSONAL REFERENCE FORMS. NO APPLICATIONS POSTMARKED LATER THAN FEBRUARY 28, 2014 WILL BE ACKNOWLEDGED OR CONSIDERED. NO EXCEPTIONS WILL BE PERMITTED.

			Phone No	
1. Name(First)	(MI)	(Last)		(Area Code)
Street		Cit	У	
State or Province			ZIP Code	
Birth Date		Male [ ]	Female [ ]	
2. Name of parent who is IAM M	ember		IAM Card No	
Employed by				(Mandatory) ↑
The above member has belon	nged to Lodge #	since	month	year.
What is your exact relationship	p to the person named	above?		
3. High School				
Expected Month/Year of Grad	luation N	L ( D		
		name of Princ	ipal	
PSAT-Verbal Math .				
PSAT-Verbal Math _ SAT-Verbal Math _ Other Tests	Writ Writ	_ Cumulat _ Explain (	ive Average	
SAT-Verbal Math	Writ Writ	_ Cumulat _ Explain (	ive Average	
SAT-Verbal Math _ Other Tests	Writ Writ	_ Cumulat _ Explain (	ive Average	
SAT-Verbal Math _ Other Tests	Writ Writ	_ Cumulat _ Explain (	ive Average	
SAT-Verbal Math _ Other Tests	Writ Writ	_ Cumulat _ Explain (	ive Average	
SAT-Verbal Math _ Other Tests	Writ Writ	_ Cumulat _ Explain (	ive Average	







Mail to:

IAM Scholarship Program, Room 117 9000 Machinists Place Upper Marlboro, MD 20772-2687

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## PERSONAL REFERENCE FORM

Solita	OF SHAMES	Student's Name				
		PRINT OR TYPE v, what do you know about this student's				
		Special academic interests?				
	b. Ex	tracurricular activities?				
	c. Pe	rsonal character?				
ı	d. Int	egrity?				
	e. Jo	b experience?				
	f. Oth	f. Other accomplishments?				
2.		u think this student has any outstanding capabilities or interests that should en into consideration?				
3.	Do yo	u have any other comments about this student that you wish to make?				
		Signed				
		Position/OccupationAddress_				

Please make additional remarks on the back of this sheet or in a letter.

Date \_\_\_\_\_



## PERSONAL REFERENCE FORM

Solita	OF SHAMES	Student's Name				
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Please make additional remarks on the back of this sheet or in a letter.

Date \_\_\_\_\_