

# Brotherhood of Locomotive Engineers and Trainmen Division 94 Scholarship



## Scholarship amount:

The BLE-T Division 94 shall award one (1) \$500.00 scholarship

## Eligibility:

Applicant must be a dependent of a BLE-T member or a deceased member of Division 94. BLE-T member must be in good standing and be current on membership dues.

Applicant must have applied and have a reasonable chance of being accepted by an accredited school.

Applicant must be a graduating senior for the current year of the scholarship.

Applicant must have a minimum 3.0 G.P.A.

Applicant whom wishes financial assistance must complete the following questionnaire and attach copies of current transcripts and SAT/ACT scores.

## Questionnaire:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Number of brothers and sisters: \_\_\_\_\_ In College? \_\_\_\_\_

High school attended: \_\_\_\_\_

Name of colleges applied to: \_\_\_\_\_ # of years: \_\_\_\_\_ Accepted yes/no: \_\_\_\_\_

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

2. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Approximate cost per year: Tuition: \_\_\_\_\_ Rm/Bd: \_\_\_\_\_

Course of study you will pursue: \_\_\_\_\_

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What scholarships have you applied for and/or received:

(Organization:)	(Amount:)	(Received Y/N:)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have you worked in high school? If so, state:

(Employer:)	(From – to:)	(Type of work:)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Indicate class size: \_\_\_\_\_, Class rank: \_\_\_\_\_

Current GPA: \_\_\_\_\_, Accumulative GPA: \_\_\_\_\_

Include a copy of current transcripts and ACT/SAT scores.

Comments by Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent or Guardian, to the best of my knowledge the application and above information is accurate:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Div. President: \_\_\_\_\_ Div. Sec/Treas.: \_\_\_\_\_

This section to be filled out by Division 94 Secretary/Treasurer:

Is Applicant's parent or guardian a Div. 94 member in good standing and current on membership dues?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Signature: \_\_\_\_\_