

**MIDDLESEX COUNTRY EMPLOYEES
TARA STOUT MEMORIAL SCHOLARSHIP APPLICATION**

NAME SEX

ADDRESS BIRTHDAYE

CITY STATE TELEPHONE

Name of one or both parents, or guardian, holding Union membership in Local #3440. Failure to disclose this information will disqualify the applicant.

FATHERLOCAL UNION #.....

MOTHERLOCAL UNION #.....

GUARDIANLOCAL UNION #.....

NAME & ADDRESS OF HIGH SCHOOL

.....

DATE OF GRADUATION

EXTRACURRICULAR ACTIVITIES (INCLUDE OFFICE, COMMITTEES, CLUBS, BANDS, ETC.)

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NAME OF HIGH SCHOOL PRINCIPAL

WHAT COLLEGE OR UNIVERSITY DO YOU EXPECT TO ATTEND?

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HAVE YOU RECEIVED ANY SCHOLARSHIPS TO DATE?

IF FINANCIAL HELPS IS A FACTOR IN OBTAINING FURTHER EDUCATION, PLEASE EXPLAIN

FULLY:

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SPECIAL NOTE! Entries are judged on information submitted. It would be in the best interest of each applicant to be as explicit as possible. All information submitted is held in the strictest confidence. Attach additional information as necessary.