



2010 IFPTE Scholarship Application



Name (LAST) _____ (FIRST) _____ (INITIAL) _____

Address _____ (Phone) _____

City _____ State _____ Zip _____

High School _____ Graduation Year _____

High School Address _____

City _____ State _____ Zip _____

Your Class Rank _____ Number In Class _____

Accumulative GPA _____ On A Scale Of _____

ACT Score (OPTIONAL) _____ SAT Score (OPTIONAL) _____

If Employed, Name of Employer _____

Address _____

City _____ State _____ Zip _____

Name of IFPTE member who is your Parent or Grandparent:

(NAME) _____ is a member of Local Number _____

How is this person related to you? _____