Chellel-Peckham Scholarship Application

APPLICATION DEADLINE: June 8, 2021

	Personal Inf	ormation	
Full Name:			
A alaba a a .	Last	First	M.I.
Address:	Street Address		Apartment/Unit #
	City	State	ZIP Code
Home Phone: ()	Work Phone: ()	Alternate Phone ()	
E-mail Address:			
Local Name:			
Local Number:	AFSCME I	Vlember ID:	
	Education Ba Please list each institution attended, gradua		, ,
1.			
2.			
3.			
4.			
5.	D		
	Proposed Course of Stu Describe the course, class or training for whic (attach materials	th you wish the scholarship to be appli-	ed:



Total Cost (please itemize and attach documentation of anticipated costs)			
Describe why you want to take the class, course or training: (attach a separate paper if necessary)			
(attach a separate paper if necessary)			
Applicant's Signature			
Date:			

