

**UAW LOCAL 571  
MARINE DRAFTSMEN'S ASSOCIATION  
P. O. Box 7275  
Groton, CT 06340**

**JOHN F. SAFFOMILLA & E. ROY COLVILLE SCHOLARSHIP APPLICATION**

The John F. Saffomilla and E. Roy Colville Scholarship Awards provide assistance to six outstanding children of our members who wish to receive a higher education. There will be six scholarship awards of two thousand dollars (\$2,000) each. Only one scholarship allowed per family per year.

**PERSONAL**

Applicant's Name: \_\_\_\_\_  
Last First Init.

Applicant's Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Optional

Parent/Guardian Name: \_\_\_\_\_  
Last First Init. Dept/Badge

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ (Parent) Work Phone: \_\_\_\_\_

No. of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

No. of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of persons depending on family income: \_\_\_\_\_

**EDUCATION**

Secondary School Attending: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State Zip

List extra-curricular activities in and out of school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of schools applied to:

|       |                 |
|-------|-----------------|
| _____ | Accepted: _____ |
| _____ | Accepted: _____ |
| _____ | Accepted: _____ |
| _____ | Accepted: _____ |
| _____ | Accepted: _____ |

What course of study do you intend to pursue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of the colleges or higher educational facilities to which you applied extended grants to you in the event you choose their institution? \_\_\_\_\_ If yes, please list and provide details and status.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other scholarships granted or pending? \_\_\_\_\_

If yes, please list and provide details and status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a separate sheet write a 2-page essay on: ***How do unions improve the quality of life for working people and their families?*** Please write your name at the top of the paper and attach it to the back of this application. Do you grant us permission to reprint your essay in the event we might wish to do so?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please enclose a small, **photo** of yourself with your name printed on the back.

We affirm that the information on this form is correct and true to the best of our knowledge.

\_\_\_\_\_  
Signature of UAW member Date

\_\_\_\_\_  
Signature of Applicant Date

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

TO THE GUIDANCE DEPARTMENT:

I have applied for one of the John F. Saffomilla & E. Roy Colville Scholarship Awards provided by Local 571 of the United Auto Worker's International Union. Please provide the following information to their scholarship committee. **Deadline for receipt of information is May 1, 2008.** All information will be kept in confidence by the committee.

Thank you,

\_\_\_\_\_  
Applicant's signature

1. **Copy of grades** for years 10, 11, and 12

2. Class standing: Rank \_\_\_\_\_ Number of students in class \_\_\_\_\_

3. Type of studies: General, College Preparatory, etc. \_\_\_\_\_

4. S.A.T. results:

| Critical Reading | Mathematics | Writing | Date  |
|------------------|-------------|---------|-------|
| _____            | _____       | _____   | _____ |
| _____            | _____       | _____   | _____ |
| _____            | _____       | _____   | _____ |
| _____            | _____       | _____   | _____ |
| _____            | _____       | _____   | _____ |

5. Please attach to this form an impartial statement about the student's general attitude.

\_\_\_\_\_  
Signature of Guidance Counselor

Please send the requested information to:

**John F. Saffomilla & E. Roy Colville Scholarship Committee**  
**MDA-UAW Local 571, UAW International Union**  
**P.O. Box 7275, Groton, CT 06340**