

Please complete the following application and mail to:

Plumbers Local Union No. 519
Sam Bloom Scholarship Fund
c/o National Employee Benefits Administrators, Inc.
Attention: Karin Peters
7950 N.W. 53rd Street
Suite 202
Miami, Florida 33166

If you have any questions please call:

Karin Peters
Tel.: (305) 591-0061

***Plumbers Local Union No. 519
Sam Bloom Scholarship Application***

<i>Personal</i>		
Member's Name:	SS#	- -
Applicant's Name:(First, Middle Initial, Last)		
SS#	Date of Birth:	/ /
Address:		
Street	Apt. #	
City	State	Zipcode
Telephone Number: () -		
<i>Prior Education</i>		
<i>Please list all schools you have attended from which you have obtained a degree or diploma.</i>		
School	Date Attended	Degree or Diploma Attained
	<i>(From) (To)</i>	
	-	
	-	
	-	
	-	
<i>Future College or University</i>		
<i>Please list the College or University you plan to attend.</i>		
School Name:		
School Address:		
Street		
City	State	Zipcode
Intended Major:	Anticipated Date of Graduation:	
		/
		Month Year
<i>Signatures</i>		
Member Signature:	Date:	
Applicant Signature:	Date:	
<i>Please attach verification of your acceptance and full time registration signed by the school registrar and stamped with the school seal.</i>		