



**Public Employees Federation
PEF Division 167**

SCHOLARSHIP APPLICATION, 2024

DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

PEF Dependent:

Name of Parent: _____ Job Title _____

Work Location: _____

Name of School: _____

Course of Study: _____

Proof of Enrollment _____ Yes _____ No

ESSAY QUESTION: Please respond to the following question in paragraph form. ***What does a Labor Union mean to me?*** Please use additional sheets of paper, if necessary.

Deadline: **Application must be postmarked by July 10, 2024 to:**
P.E.F. Division 167, 4300 Seneca Street, P.O. Box 582, West Seneca, NY 14224

Date Received: _____

DIVISION and/or COMMITTEE COMMENTS _____

