

THOMAS BRESLIN SCHOLARSHIP PROGRAM

A percentage of the Benefit Fund's annual contributions from participating employers is devoted to funding the Thomas Breslin Scholarship Program. This program is made available only to children of District 1199C members who are Wage Class I and who have been covered by the Benefit Fund for at least one year as of February 28, 2007. If you wish to request an application for a scholarship, fill out the form below. Please provide **ALL** information requested and carefully note the **deadline of March 15, 2007**, for receipt of your request.

Grants will be made for the 2007-08 academic year. The program is for high school graduates and post-secondary school students. Graduate students are not eligible. Applicants must:

- Be and have been enrolled as a dependent under the coverage of a member who is Wage Class I and has been covered by the Benefit Fund for at least one year as of February 28, 2007.
- Be attending or planning to attend an accredited institution of higher learning for the Fall 2007/Spring 2008 semesters. This includes business, nursing, trade, and art and design schools, as well as two- and four-year colleges.
- Apply for State and Federal grants to be eligible for a grant from this program.
- Be graduated from high school no more than one year before entrance to a post-secondary school.

Once the completed request below has been received, the Benefit Fund will send you an official scholarship application packet. If you do not receive your packet by April 30, 2007, contact the Benefit Fund immediately at 215.735.5720 or 800.531.1199.

In awarding grants, primary emphasis is placed on financial need. The member's seniority in the Benefit Fund and the student's scholastic standing are also taken into consideration.

REQUEST FOR SCHOLARSHIP APPLICATION • 2007

Please send me an official application for the Thomas Breslin Scholarship Program.

I graduated or expect to graduate from high school _____ (date).

The 2007-08 academic year will be my _____ year in post-secondary school (1st, 2nd, 3rd or 4th).

Have you previously received a grant from the Benefit Fund? Yes No Year _____

Member's Name _____ SSN _____

Street Address _____ Home Phone _____

City _____ State _____ Zip+4 _____

Employed at _____ Date of hire _____

Job Title _____ Shift _____

Student's Name _____ SSN _____

Student's Date of Birth _____ Student's Age as of 7/1/2007 _____

Complete and return this form to the Benefit Fund, 1319 Locust St., Philadelphia, PA 19107-5405

This form must be received by the Benefit Fund postmarked not later than March 15, 2007.

When this form has been received in the Fund office, you will be sent a receipt for it and a statement concerning your eligibility for the program. If you have questions or need assistance, the Fund can be reached by phone at 215.735.5720 or 800.531.1199. Our fax number is 215.985.9232.