The Bay Breeze Volume 65/Issue 2

## TONY VAN SCHOLARSHIP APPLICATION

## **PERSONAL INFORMATION**

Last Name:				
First Name				
Address:				
City:	State:	Zi	p:	
Telephone Number ()				
Alternate Number: ()				
Union Member:				
Relationship:				
EDUCATIONAL INFORMATION:				
High School:	City:			
State:				
Year Graduated: GPA:				
SCHOOL YOU WILL BE ATTENDING	G IN FALL 2	022:		
Name:				
Address:		_State:	Zip:	
By submitting this application, I cer	tify that th	e informat	tion is complet	e and accu-
rate to the best of my knowledge.				
Also, I understand that falsification	of informa	ition may 1	esult in termi	nation of any
scholarship granted.				
Date:				
Student's Signature:				<del></del>
<u>Mail app</u>	lication &	essay to:		

NEWAL#2247 Tony Van Scholarship PO Box 13394 Green Bay WI 54307-3394

Applications must be "post marked" & received by July 15th, 2022