



Official Application Form- Members' Child

David B. Durkee Memorial Scholarship Program
For First-Time Students Entering College in the Fall of 2027

Please Print Clearly

DATE: _____

Name of Applicant:
*Applicant Social Security No:
Address
Phone
Email

Name of High School
Date of Graduation

.....

Active BCTGM Member Name	
*BCTGM Member Social Security No.	

Relationship of Applicant to BCTGM Member (please check):

Daughter___ Son___ Stepdaughter___ Stepson___

Local Union # _____ BCTGM Member's Employer _____

*Social Security numbers **MUST** be provided for application to be processed.

Please Return Completed Form to:
David B. Durkee Memorial Scholarship Program
BCTGM International Union
10401 Connecticut Avenue
Kensington, MD 20895-3961
Phone: (301) 692-2878

