



# 2026 Scholarship Awards Preliminary Application

Please complete this form and return immediately to:  
**Local 1262 Scholarship Selection Committee**  
**1389 Broad Street, Clifton, NJ 07013**  
**Or fax to 973-777-3430**

Please complete this preliminary application and return it to Local 1262 where it will be reviewed and processed. Once it is determined that you are eligible, a long-form application will be sent to your home.

**THE DEADLINE FOR ALL MATERIALS (Long Form Application) IS MAY 29, 2026.**

*If you have questions regarding this form, please call Gladysz Feimster at 973-777-3700, ext. 1933.*

## PLEASE PRINT CLEARLY

### Student's information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I am currently a high school student \_\_\_\_\_ college student \_\_\_\_\_ (please check one)

I will graduate from high school (month and year): \_\_\_\_\_

If you are a college student, please indicate highest academic level completed as of August 2025:  
\_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior

Are you a Local 1262 Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are a member name of store where you work: \_\_\_\_\_

Store Address: \_\_\_\_\_

**If not a member** My relationship to the member (son, daughter): \_\_\_\_\_

### Member's information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Member's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of store: \_\_\_\_\_

Store Address: \_\_\_\_\_

I wish to apply for a Local 1262 Scholarship Award. I understand that the decision of the Local 1262 Scholarship Awards Committee will be final and agree to abide by this decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_