

- APPLICATION -

# THE VIRGINIA HICKMAN MEMORIAL SCHOLARSHIP



Please attach a copy of your high school or secondary school transcript and mail to:  
Northwest Arkansas Area Local • P.O. Box 654 • Fayetteville, Arkansas 72702

## APPLICANT INFORMATION

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY / STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME / CELL PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## APWU PARENT INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY / STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME / CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
WORK LOCATION (Postal Facility): \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## APPLICANT EDUCATIONAL INFORMATION

HIGH SCHOOL or SECONDARY: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
COLLEGE or SCHOOL of CHOICE: \_\_\_\_\_  
MAJOR (if decided): \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Grandparent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Send application & documents by June 30 to NWAAL, P.O. Box 654, Fayetteville, AR 72702 — or hand to Local President Ike Mills or Financial Secretary, Axel Ambrocio.**