

**Plumbers Local 34 Scholarship Foundation
Scholarship Application
2026**

Approved by the Board of Directors January 22, 2026

Please Return to:

Plumbers Local 34
353 West 7th Street, Suite 104
St. Paul, Minnesota 55102

Application Must be Returned by July 31, 2026

Name:

Last Name First Name M.I.

Home Address:

Street or Apartment Number

City State ZIP

Telephone Number:

Email Address:

Union Member Name:

Last Name First Name M.I.

Union Member Address:

Street or Apartment Number

City State ZIP

Union Card Number:

Relationship to Applicant:

High School:

School Name

Street

City State ZIP

High School
Graduation Date:

Month Year

Post-Secondary
School:

School Name

Street

City State ZIP

- 4 yr. College or University 2 yr. Community or Junior College
 Vocational or Technical School Other, explain _____

Year in School: 1 2 3 4 5 or Graduate Study

- Degree Sought: Bachelor Associate
 Certificate Other, explain _____

Expected
Graduation Date: _____

Transcript Information:

Please submit an official or unofficial transcript to verify a “C+”, or better, grade point average in your last school year (including winter and spring of the current year) along with this application. Such documentation must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Work Experience:

Employer	Position	Dates of Employment	Hours Worked	Compensated

School, Public Service,
and Community Activities:

Activity	Role or Office Held	Dates of Participation

Awards, Scholarships
and Honors:

Awards or Honors

Essay:

1. Describe your plans as they related to your educational, career objectives, and long-term goals (limit: 500 words).

Recommendations:

Please provide recommendation letters from two (2) teachers, instructors, colleagues, community or spiritual leaders, or other individuals unrelated to the applicant.

Certification of Applicant:

I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Applicant
Signature:

Name

Date

Certification of Local Union Business Representative:

I certify that _____ is a member in good standing of Plumbers Local 34, and the above information is true.

Business Representative
Signature:

Name

Date