**Trades Family Foundation, Inc. [INSERT TFF LOGO]**

330 7th Avenue | Suite 1703 | New York, NY 10001

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**SUSANNE PARIOT MEMORIAL**

**SCHOLARSHIP PROGRAM**

**APPLICATION**

**Deadlines:** *Applications for initial scholarship awards should be submitted no later than* ***January******31*** *for the following academic year. For example, for academic year 2025-2026, applications for an initial scholarship would be due no later than January 31, 2025.*

*Applications for renewal scholarship awards should be submitted no later than* ***May 31*** *for the following academic year. For example, for academic year 2025-2026, applications for a renewal scholarship would be due no later than May 31, 2025*

**Please Check One:****** *INITIAL APPLICATION* **** *RENEWAL APPLICATION*

**If this is YOUR INITIAL APPLICATION:** *PLEASE COMPLETE ALL SECTIONS*

**If this is YOUR RENEWAL APPLICATION:** *PLEASE COMPLETE ONLY SECTIONS 1, 2, 6, and 7.b.*

1. **Applicant**

Name:

Date of Birth:

Social Security Number:

Address:

(Street)

(City) (State) (Zip)

Email:

Telephone No.:

High school, college, trade school, etc. currently attending:

(Name)

(Street)

(City) (State) (Zip)

School Telephone No.:

Name of surviving parent/legal guardian:

Parent/Legal Guardian Address:

(Street)

(City) (State) (Zip)

Parent/Legal Guardian Email:

Parent/Legal Guadian Telephone No.:

Name of deceased parent:

|  |  |
| --- | --- |
| Do you live with your parent or legal guardian for more than half of the typical calendar year? | ( ) Yes ( ) No |
| Do you provide more than half of your own financial support during the typical calendar year? | ( ) Yes ( ) No |
| Are you an owner,**[[1]](#footnote-1)** or the dependent of an owner, of a covered Employer**[[2]](#footnote-2)** hereunder? | ( ) Yes ( ) No |
| Are you a paid officer or agent of a covered Union**[[3]](#footnote-3)** hereunder, or the dependent of a paid officer or agent of a covered Union? | ( ) Yes ( ) No |
| Are you enrolled or planning to enroll as a full-time matriculating student in an accredited post-secondary educational institution? | ( ) Yes ( ) No |

1. **Family** *(Complete either “a” or “b”)*
2. If you are the biological or adoptive son, daughter, stepchild, foster child, grandchild, niece, nephew, or legal ward of a **member in good standing** of a covered Union, then please provide the following information **regarding such member in good standing**:

First and Last Name:

Telephone No.:

Email:

Nature of your relationship:

Local Union Name and Number:

Number of years/months of Union membership:

( ) Years ( ) Months

Number of years/months with current Employer:

( ) Years ( ) Months

Employer:

(Name)

(Street)

(City) (State) (Zip)

Employer Telephone No.:

Employer Email:

|  |  |
| --- | --- |
| Has Union member met all requirements for membership of the above Union? | ( ) Yes ( ) No |
| Was Union member ever been suspended or expelled from said Union or any other Union? | ( ) Yes ( ) No |
| Has Union member worked for one or more Employer(s) for at least 250 hours in the geographical area of the New York Metropolitan area or vicinity in each quarter of each calendar year during the past five (5) calendar years? | ( ) Yes ( ) No |
| If the Union member is deceased or is fully-disabled, then please answer the following: |  |
| * Did Union member work for one or more Employer(s) for at least 250 hours in the geographical area of the New York Metropolitan area or vicinity in each of the five (5) calendar years preceding his or her date of death or disability? | ( ) Yes ( ) No |
| * Was Union member’s date of death or disability more than ten (10) years ago? | ( ) Yes ( ) No |

1. If you are the biological or adoptive son, daughter, stepchild, foster child, grandchild, niece, nephew, or legal ward of a **full-time employee[[4]](#footnote-4)** of an Employer as defined herein, then please provide the following information **regarding such** **full-time employee**:

First and Last Name:

Telephone No.:

Email:

Nature of your relationship:

Occupation:

Employer:

(Name)

(Street)

(City) (State) (Zip)

Employer Telephone No.:

Employer Email:

Number of years/months with current Employer:

( ) Years ( ) Months

Local Union Name and Number:

|  |  |  |
| --- | --- | --- |
| Does full-time employee work at least thirty (30) hours per week on a regular basis? | ( ) Yes ( ) No | |
| Is full-time employee’s primary duty non-craft, non-bargaining unit work (e.g. clerical, professional, executive, administrative, or similar office functions) | ( ) Yes ( ) No | |
| If full-time employee is deceased or is fully-disabled, then please answer the following: |  | |
| * Did full-time employee work for Employer(s) for at least at least thirty (30) hours per week on a regular basis in each of the five (5) calendar years preceding his or her date of death or disability? | | ( ) Yes ( ) No | |
| * Was full-time employee’s date of death or disability more than ten (10) years ago? | | ( ) Yes ( ) No | |

1. **Secondary School**

For each secondary school (i.e., high school) that you currently attend or previously attended, please provide the following information, starting with the most recent:

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| --- | --- | --- | --- |
| **Institution** | **Address** | **Years Attended** | **Date and Type**  **of Degree** |
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Please list distinctions or honors you attained, scholastic or otherwise:

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Please list your extra-curricular activities:

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1. **Application(s) for Admission**

For each post-secondary school (e.g., college, university, trade school, apprentice training school, etc.) to which you have applied for admission, please provide the following information:

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| --- | --- | --- |
| **Institution** | **Address** | **Annual TuitionFN[[5]](#footnote-5)** |
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Name and address of institution you expect to attend:

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Anticipated field of study (if none, state undecided): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Financial Aid, Scholarships**

Please list the type and amount of any scholarships, grants or other financial aid that you have received or are due or expect to receive from any source regarding your post-secondary education:

|  |  |
| --- | --- |
| **Type/Name** | **Financial Assistance Amount** |
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1. **Post-Secondary School: Current Attendees**

If you are currently enrolled in a post-secondary school (e.g., college, university, trade school, apprentice training school, etc.), please provide the following information:

|  |  |  |
| --- | --- | --- |
| **Institution** | **Address** | **Annual TuitionFN[[6]](#footnote-6)** |
|  |  |  |

If you are currently enrolled in a post-secondary school, please also list the type and amount of any scholarships, grants or other financial aid that you have received or are due or expect to receive from any source regarding your post-secondary education:

|  |  |
| --- | --- |
| **Type/Name** | **Financial Assistance Amount** |
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Please list any distinctions or honors you attained, scholastic or otherwise:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all of your extra-curricular activities:

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Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional Information**
2. The following information must accompany your **initial scholarship application**:
3. Official\ transcript of your secondary school grades to date;
4. Letter of acceptance from admissions office of post-secondary school you plan to attend (if available at time application is made);
5. Statement of account or similar document from bursar’s office of post-secondary school you plan to attend confirming the amount of your annual tuition. Do not include costs for room, board, books or similar educational expenses;
6. College entrance board examination score (SAT, ACT);
7. Personal letter from you explaining your qualifications for the scholarship. Please include a statement regarding your educational goals; and
8. Three (3) letters of reference.
9. The following information must accompany your **renewal scholarship application**:
10. Official transcript of your post-secondary school grades to date; and
11. Statement of account or similar document from bursar’s office of post-secondary school that you currently attend confirming the amount of your annual tuition. Do not include costs for room, board, books or similar educational expenses.
12. **References**

Your application for an initial scholarship will be considered incomplete until you have submitted three (3) letters of reference to the Selection Committee.

References will be provided by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Occupation** | **Address** | **Telephone No.** |
|  |  |  |  |
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1. **Submission**

All applications and related documents required as part of your application shall be deemed properly submitted if: (a) delivered personally, (b) sent by email, which shall be effective upon receipt of such email, or (c) delivered by first-class mail or recognized overnight courier service, to the party set forth below:

**Trades Family Foundation, Inc.**

c/o **Chris Pioli**,Executive Director

330 7th Avenue | Suite 1703 | New York, NY 10001

Tel (212) 563-7177 | Email [info@tradesfamilyfoundation.org](mailto:info@tradesfamilyfoundation.org)

**Acknowledgement**

I hereby acknowledge and agree that the Scholarship Committee reserves the right to interpret all rules and regulations regarding the Scholarship Program and that any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee regarding my application.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

1. **FN** The term “owner” refers to an individual that owns more than two and one-half (2.5%) percent of the outstanding securities or shares of a covered Employer as defined herein. [↑](#footnote-ref-1)
2. **FN** The term “Employer” refers to a company operating in the New York City metropolitan area and/or vicinity that is signatory to a collective bargaining agreement with one or more Unions as defined herein. [↑](#footnote-ref-2)
3. **FN** The term “Union” refers to a local union of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, or correlated building and construction trades local unions, operating in the New York City metropolitan area and/or vicinity. [↑](#footnote-ref-3)
4. **FN** The term “full-time employee” refers to a person working a schedule of not less than thirty (30) hours per week of non-craft, non-bargaining unit work (e.g. office, clerical, administrative, executive, professional or similar duties) for an Employer as defined in FN1 above. [↑](#footnote-ref-4)
5. **FN** Please provide a statement of account or similar document from your school’s Bursar’s Office confirming the amount of your annual tuition. Do not include costs for room, board, books or similar educational expenses. [↑](#footnote-ref-5)
6. **FN** Please provide a statement of account or similar document from your school’s Bursar’s Office confirming the amount of your annual tuition. Do not include costs for room, board, books or similar educational expenses. [↑](#footnote-ref-6)