The AMPAC 1st Year Apprentice Scholarship
APPLICATION FORM

This application must be filled out completely and accurately. Please print or type.

General Information:

Applicant's Name_____

Home Address:_____

City/State/Zip:_____

Home Phone:_____Cell Phone:_____

Date of Birth:_____Email address:_____

Employer:

Present Employer:_____

Employer Address:_____

City/State/Zip:_____

Employer paying for/reimbursing tuition: YES: ☐ NO: ☐ Date of Hire:_____

Employer Contact Name:_____Employer Phone :_____

Please explain why you are applying for this scholarship (5 sentences or more). Attach separately if needed:

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All applications must be accompanied by a copy of Income/Expenses Report (with copies of last three months paystubs, receipts, bills, etc. listed on Income/Expenses Report).

Completed applications should be returned to:
AMPAC
3128 Allendale Street
Pittsburgh, PA 15204