



450 Nevada Street
Auburn, CA 95603
530-889-2979

Tony Laraby Memorial Relief Fund / Memorial Scholarship Fund

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Please read the Terms and Conditions carefully, as they contain important information and are an integral part of the application process.

<p>E-Mail the following to Tony Laraby Fund: TonyLarabyFund@jd2inc.com</p> <ol style="list-style-type: none"> 1) Application Form 2) Proof of Registration/Receipts 3) Current Class Schedule 	<p>To qualify for the continuing education fund, you must be an employee/ ironworker, a spouse of an employee/ ironworker with employment with JD2 for 6 months of the last 12 months.</p>
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Please print in blue or black ink.

SECTION 1: APPLICANT INFORMATION						
Last Name		First		M	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail				
SSN# (last 4)			Date of Birth			
Name of qualifying employee						
Have you been a prior recipient of any Tony Laraby Memorial Scholarships?			If so, list years of prior scholarships:			

SECTION 2: EDUCATION PLAN		
College or Institution you plan to attend	Address	
Have you already been accepted	Major/Field of Study	
Describe your educational and career goals		

With this application, submit a copy of the formal acceptance letter or proof of enrollment from the college or institution you plan to attend.



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List the courses you intend to enroll in during the upcoming academic year:

First Semester		Second Semester	
Name of Course	# of Credits	Name of Course	# of Credits

Note: If an applicant is selected as a scholarship recipient, he or she will be required to submit proof of registration (including course enrollment schedule) before any installments of scholarship awards will be disbursed.

SECTION 3: COMPLETED EDUCATION

Provide school information below. If more room is needed, attach a separate sheet of paper.

High School		Address			
Date of Graduation				Overall GPA	
College		Address			
From	/ /	To	/ /	Credits Completed	Overall GPA

SECTION 4: EMPLOYMENT HISTORY

Employer		Job Title			
Address		Hours per week			
Responsibilities					
From	/ /	To	/ /	Reason for Leaving	

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Address		Hours per week			
Responsibilities					
From	/ /	To	/ /	Reason for Leaving	



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SECTION 5: CERTIFICATION AND RELEASE		
1. Behavior that would reflect poorly on the Tony Laraby Fund:		
a. Have you ever been convicted of a crime, other than a traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Have you ever been involved in criminal conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Have you ever been fired from a job for wrong doing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered yes to any of the above questions or believe there are other matters along these lines of which the Tony Laraby Fund should be aware, please explain below.		
The information that I have reported on this application is, to the best of my knowledge, true and correct. I understand that incorrect or incomplete information could jeopardize my consideration of this application.		
I have read and understand the Tony Laraby Scholarship Program TERMS AND CONDITIONS, which are outlined on the JD2 website, at www.jd2inc.com , and certify:		
a) I meet the eligibility requirements outlined in the TERMS AND CONDITIONS		
b) I agree to abide by all TERMS AND CONDITIONS, as well as the terms and conditions outlined in this application.		
I understand that incomplete or late applications or other documents required for the application, selection or disbursement process will jeopardize my chances of receiving awards under this program.		
<i>By signing below, you indicate your understanding and acceptance of these certification and terms, including those incorporated by reference. Your signature is required in order for your application to be considered.</i>		
Signature		Date
Printed Name:		