

**Bricklayers & Allied Craftworkers Local #3
Rochester Chapter
Health & Welfare Fund**

33 Saginaw Drive
Rochester, NY 14623

Phone: (585) 385-1160***Email: claimsroc@baciocal3ny.com***Fax: (585) 385-9119

APPLICATION FOR SCHOLARSHIP BENEFITS

Name of Member _____

Address _____

Social Security Number _____

Benefit for: Member _____ Dependent _____

Name of Dependent(s) (If Applicable): _____

Dependent Social Security No(s): _____

Name of School: _____

Courses: _____

CERTIFICATION

I, the undersigned, do hereby attest that the bills and/or receipts I have submitted are valid provided by the Plan of the Bricklayers & Allied Craftworkers Local #3 Rochester Chapter Health & Welfare Fund. I do further grant the Administrator of said Fund permission to issue reimbursement from the individual reserve in my name in whole or in part in accordance with the provisions of the Plan.

Signature _____ **Date** _____

Pick Up Check (FRIDAY)

FOR OFFICE USE ONLY

4702: _____ EFICA/FICA: _____

Fed Tax (20%): _____ SUTA: _____

State Tax (6.85%): _____ FUTA: _____

Approved By: _____ **Date Paid:** _____