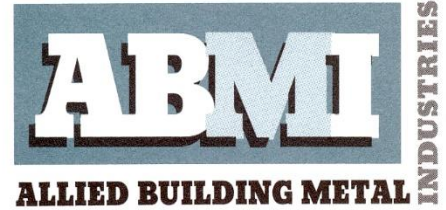


ALLIED BUILDING METAL INDUSTRIES, INC.  
270 Madison Avenue, Suite 401  
New York, New York 10016

Posted on [www.alliedbuilding.org](http://www.alliedbuilding.org)



**LARRY WEISS MEMORIAL  
SCHOLARSHIP PROGRAM**

**APPLICATION**

**DEADLINE:** Interested candidates should submit their applications by no later than August 31. Thus, for academic year 2022-2023, applications would be due no later than August 31, 2022.

**PLEASE CHECK ONE:**  INITIAL APPLICATION  RENEWAL APPLICATION

**INITIAL APPLICATIONS:** PLEASE COMPLETE ALL SECTIONS

**RENEWAL APPLICATIONS:** PLEASE COMPLETE SECTIONS 1, 2, 5 and 6 ONLY

1. **APPLICANT**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No.: \_(\_\_\_\_)\_\_\_\_\_

High School or College currently attending:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: (\_\_\_\_)\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

2. **FAMILY** (Complete either "a" or "b")

a) If you are the child (i) of an employee of a member of Allied Building Metal Industries, Inc., or (ii) of a contributing employer to the industry's advancement funds, please provide the following information for such parent:

Father Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Local Union (if applicable): \_\_\_\_\_

Number of years or months  
employed with employer: \_\_\_\_\_  
( ) Years ( ) Months

Mother Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Local Union (if applicable): \_\_\_\_\_

Number of years or months  
employed with employer: \_\_\_\_\_  
( ) Years ( ) Months

b) If you are a full-time employee of a member of Allied Building Metal Industries, Inc., or of a contributing employer to the industry's advancement funds (the Steel Institute of New York, Inc., or the Ornamental Metal Institute of New York, Inc.), please provide the following information:

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Local Union (if applicable): \_\_\_\_\_

Number of years or months  
employed with employer: \_\_\_\_\_  
( ) Years ( ) Months

3. **EDUCATION**

*(Complete this section only if you are applying for an initial scholarship award)*

For every high school/educational institution you have attended, please provide the following information, starting with the most recent:

| Name of Institution | Address | Years Attended | Date and Type of Degree Attained |
|---------------------|---------|----------------|----------------------------------|
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |
|                     |         |                |                                  |

List any distinctions or honors you have attained, scholastic or otherwise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List all extra-curricular activities:

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4. **SCHOOL APPLICATIONS**

*(Complete this section only if you are applying for an initial scholarship award)*

For each school or educational institution to which you have applied for enrollment, please provide the following information:

| Name of Institution | Address | Annual Tuition <sup>1</sup> | Financial Assistance |
|---------------------|---------|-----------------------------|----------------------|
|                     |         |                             |                      |
|                     |         |                             |                      |
|                     |         |                             |                      |
|                     |         |                             |                      |
|                     |         |                             |                      |
|                     |         |                             |                      |
|                     |         |                             |                      |

Name and address of institution you expect to attend:

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

5. **SCHOLARSHIPS**

Please list any and all scholarships you have received or expect to receive from any source:

| Type/Name of Scholarship | Amount Received |
|--------------------------|-----------------|
|                          |                 |
|                          |                 |
|                          |                 |

<sup>1</sup> Please provide a statement of account or similar document from your institution's Bursar's Office confirming the amount of your annual tuition. Do not include costs for room, board, books etc.

6. **SCHOOL CURRENTLY ATTENDING**

*(Complete this section only if you are applying to renew your scholarship OR if you are other than a graduating high school senior)*

Please provide the following information regarding the school or educational institution in which you are presently enrolled:

| Name of Institution | Address | Annual Tuition <sup>2</sup> | Financial Assistance |
|---------------------|---------|-----------------------------|----------------------|
|                     |         |                             |                      |

**\*\*YOU MUST ALSO PROVIDE AN OFFICIAL TRANSCRIPT.**

List any distinctions or honors you have attained, scholastic or otherwise:

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List all extra-curricular activities:

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

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

7. **ADDITIONAL INFORMATION**

*(Complete this section only if you are applying for an initial scholarship award.)*

The following information must accompany your scholarship application:

- a. OFFICIAL TRANSCRIPT of your High School/Educational Institution grades to date;
- b. Letter of Acceptance from Dean of Admissions of college/university/educational institution you plan to attend (if available at time application is made);
- c. College entrance board examination score (SAT, ACT); and
- d. Personal letter from you explaining your qualifications for the scholarship. Please include a statement regarding your educational goals.

<sup>2</sup> Please provide a statement of account or similar document from your institution's Bursar's Office confirming the amount of your annual tuition. Do not include costs for room, board, books etc.

8. **REFERENCES**

*(Complete this section only if you are applying for an initial scholarship award.)*

Your application 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. |
|------|------------|---------|---------------|
|      |            |         |               |
|      |            |         |               |
|      |            |         |               |
|      |            |         |               |

9. **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:

**ALLIED BUILDING METAL INDUSTRIES, INC.**  
c/o **Steven N. Davi**, Executive Director  
270 Madison Avenue | Suite 401 | New York, NY 10016  
T (212) 697-5551 | F (212) 818-0976 | C (516) 361-8211 | [sdavi@alliedbuilding.org](mailto:sdavi@alliedbuilding.org)

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I acknowledge and agree the Scholarship Committee reserves the right to interpret all rules and regulations regarding the Scholarship Program; any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee which shall be considered final and binding.

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

Signature: \_\_\_\_\_