

2024 Student Debt Relief

Deadline: September 30, 2024

Name of Local 30 N	/lember		
	Last	First	Middle
Home Address			
City & State			Zip
Home Phone ()	Work Phone ()
[⊃] ersonal E-mail add	ress		
Employed by		Work Location	
Name of Applicant	Last	First	Middle
Home Address			
City & State		Zip	
THE FOLLOWING SECTI	ON MUST BE COMPLETED:		
Name of Financial Institution:		Account #:	
Address of Financial I	nstitution:		
Balance of Loan as of the date of this application: Loan Statement Enclosed			
Associate Degree	(Year)	Undergraduate Degree	e (Year)
Technical or Trade Sc	hool (Year)	Advance Degree	(Year)
Relation to Member		Signature of	f Applicant Date
and submitted to the	student loan payments a Local 30 office by Septer Dication may be exclude	nber 30, 2024, to be eligi	ached to this application ble for the Student Debt
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Send application to: O.P.E.I.U. Local 30 Scholarship Fund 6136 Mission Gorge Rd., 214 San Diego, CA 92120 Phone: (619) 640-4840 Fax: (619) 640-4830

Email: info@opeiulocal30.org

For Local 30 Use Only:			
Date Received:			
Eligibility: Yes No No for the state of t			