



# **SUBWAY-SURFACE SUPERVISORS ASSOCIATION**

**350 STATE STREET**

**BROOKLYN, N.Y. 11217**

**(718) 858-2113**

**FAX: (718) 858-2982**

**Michael Carrube  
President**

March 26, 2021

Dear Brother/Sister Supervisor,

First and foremost, I hope you and your family remain healthy as we continue to navigate through this pandemic. As you know, the Executive Board and I continue to fight vigorously for safer work conditions and to enhance the benefits and wages you deserve.

Despite the disruptions caused by the pandemic, we are moving forward with union business as much as possible. As we have done for the past six years, I'm enclosing an application for you to submit on behalf of your child to be selected for our annual scholarship award. No one knows what higher education will look like next fall, but one thing is certain, the costs will continue to rise, so our scholarship award goes a long way to helping our kids with their educational needs.

Please review the enclosed application for details on eligibility. We are hopeful that we will be able to hold our annual scholarship brunch, where we will honor the 2021 scholarship award recipients. We will continue to keep you updated on that possibility.

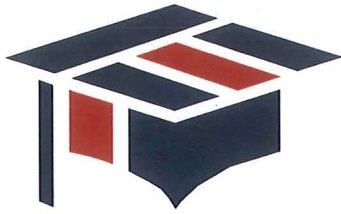
In Solidarity,

Michael Carrube  
President

**John Deliso  
Executive Vice-President**

**William Torres  
Financial Treasurer**

**Thomas Tocco  
Recording Secretary**



## SSSA CONTRIBUTION ② EDUCATIONAL SUCCESS FUND, INC.

### Official SSSA Scholarship Application

**NOTE:** Together with this application the following documents must be submitted: SAT or ACT scores, Birth Certificate, Copy of College Acceptance Letter, High School Diploma or Equivalent.

**Mail application and materials to:**

SSSA 350 State Street, Brooklyn, NY 11217

**ATTN: COLLEGE SCHOLARSHIP**

**DEADLINES:** All information must be received by **June 21, 2021**; except for the diploma that will be accepted at a later date when received from school.

**ALL APPLICATIONS MUST BE MAILED.**

No Faxes, No Emails, No Exceptions.

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

High School: \_\_\_\_\_

School of Acceptance: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Pass #: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

