

2024 SONS & DAUGHTERS SCHOLARSHIP PROGRAM

SECTION A Brunswick employee (parent, stepparent or legal guardian of the applicant) is to complete this section and submit completed form to his/her Human Resource Department for verification. Spouses of employees are not eligible to apply. If two employees qualify the applicant, each employee must

BRUNSWICK EMPLOYEE VERIFICATION FORM

complete a Brunswick Employee Vernication Fol	mi and submit to their local Human Re	esources Departme	ent for completion.	
Applicant Name		Applicant Email		
Employee Name	Employee Phone Number	E	mployee Email	
Employee Division/Group	City	S	State/Province	Country
Relationship to Applicant: Parent Stepp	parent*			
*If the relationship is that of stepparent or legal g	guardian, the applicant must reside wi	th the qualifying e	mployee on a full-time	basis.
	APPLICANT: DO NOT WRITE	BELOW THIS LINE		
SECTION B Employee's Local Human Resour	rce Department is to complete this se	ction.		
Please verify that the above named employee is at least one year of continuous service in the pre still a full-time employee and has been employed selection process require salary information.	evious five years. Further inquiry may	be made after the	application deadline to	verify that the employee is
Position Held		Date of Hire		
		Base Salary:	☐ Under \$85,000	Over \$85,000
Employee ID#				
I verify that the above information is correct and information.	that the applicant is qualified to comp	pete for The Bruns	wick Sons & Daughters	s Scholarship based on this
Print Name of Person Approving Eligibility	Title	Phone N	Phone Number Fax Number	
Signature of Person Approving Eligibility	Date Approved	Email		
Division/Group	City	State/Pr	rovince C	ountry

Completed form should be submitted by March15, 2024 to:

The Brunswick Sons & Daughters Scholarship Program
PO Box 648
Naperville, IL 60566
Fax: 630-428-2695

 ${\bf Email: in fo@brunswick scholar ships.com}$