



Administrative Office of:

LOCAL 580 VACATION FUND  
LOCAL 580 INSURANCE FUND  
LOCAL 580 PENSION FUND  
LOCAL 580 ANNUITY FUND  
LOCAL 580 EDUCATIONAL FUND  
LOCAL 580 SCHOLARSHIP FUND  
LOCAL 580 LABOR MANAGEMENT FUND

Second Floor • 501 WEST 42nd STREET • NEW YORK, NY 10036 • (212) 695-5206  
FAX (212) 947-5719

## Scholarship Fund Reminder Notice

Dear Brothers/Sisters:

Local 580 is pleased to remind you of the benefits of the Local 580 College Scholarship Fund. The purpose of the Fund is to provide college financial assistance to eligible children of bargaining unit members. The fund is jointly administered by Local Union 580 and the Allied Building Metal Industries, Inc., and is funded by employer contributions.

To be eligible for this benefit, the student must be a dependent child of a bargaining unit member who has worked a minimum of 1,000 hours of paid covered employment in a calendar year and in each of the five (5) consecutive years immediately preceding the year of application for benefits. In certain cases, benefits will also be extended to dependent children of bargaining unit members who have died or are receiving disability benefits.

To be eligible for benefits, your dependent child must be a full time candidate for an undergraduate degree at an accredited educational institution. The Trustees anticipate that effective September 2025, the maximum benefit will be approximately **\$3,500** per school year, not to exceed four (4) years and not to exceed the actual amount paid to the educational institution for tuition, books, fees and similar expenses paid to the school.

The Trustees reserve the right to adjust the amount of the benefits granted each year.

In order to maintain the benefit, the student must receive, in the prior academic year, a grade point average that is consistent with the graduating requirements for the degree which the student is seeking.

**If applicable, please fill out the application on the reverse side and return it along with a copy of the students Fall 2025 schedule from the school which indicates the number of credits to be taken, as well as a copy of the Fall 2025 itemized tuition bill. This should include any scholarships, grants or financial aid the student will be awarded. Please be sure the college name appears on both documents, as well as the student's name and the semester.**

The Trustees of the fund will be accepting applications for benefits during the period of

July 1, 2025, through September 30, 2025

Fraternally yours,

The Local 580 College Scholarship Fund

# FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS



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FALL 2025

## LOCAL 580 COLLEGE SCHOLARSHIP FUND APPLICATION FORM

NAME OF APPLICANT (STUDENT):

\_\_\_\_\_ (LAST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (FIRST)

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ S.S.#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF BARGAINING UNIT MEMBER: \_\_\_\_\_

SOCIAL SECURITY # OF BARGAINING UNIT MEMBER: \_\_\_\_\_

NAME & ADDRESS OF EDUCATIONAL INSTITUTION APPLICANT WILL BE ATTENDING:

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL BURSAR OFFICE PHONE #: \_\_\_\_\_

Please provide member and student email addresses below. Email is an efficient way for the Fund office to communicate with you. **Please write clearly**

EMAIL ADDRESS OF MEMBER: \_\_\_\_\_

EMAIL ADDRESS OF STUDENT: \_\_\_\_\_

For office use only

Application \_\_\_\_\_

Hours \_\_\_\_\_

Bill \_\_\_\_\_

Schedule \_\_\_\_\_

Email sent \_\_\_\_\_

OK to pay

\_\_\_\_\_