

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 Verification Form	n and submit to their local Human R	esources Departme	ent for completion.		
Applicant Name		Applicant Email			
Employee Name	Employee Phone Number	E	mployee Email		
Employee Division/Group	City	S	tate/Province	Country	
Relationship to Applicant: Parent Steppe	arent*				
*If the relationship is that of stepparent or legal gu	uardian, the applicant must reside w	ith the qualifying e	mployee on a full-time	basis.	
	APPLICANT: DO NOT WRITE	BELOW THIS LINE			
SECTION B Employee's Local Human Resource	e Department is to complete this se	ction.			
Please verify that the above named employee is c at least one year of continuous service in the prev still a full-time employee and has been employed selection process require salary information.	rious 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 to information.	hat the applicant is qualified to com	pete for The Bruns	wick Sons & Daughters	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	ovince Co	ountry	

Completed form should be submitted by March 13, 2024 to:

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

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