

2020 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 Forn	n and submit to their local Human Re	esources Departme	ent for completion.	
Applicant Name		A	pplicant Email	
Employee Name	Employee Phone Number	E	mployee Email	
Employee Division/Group	City	S	tate/Province	Country
Relationship to Applicant: Parent Steppa	rent*			
*If the relationship is that of stepparent or legal gu	uardian, the applicant must reside wi	th the qualifying e	mployee on a full-time	e basis.
	APPLICANT: DO NOT WRITE E	BELOW THIS LINE		
SECTION B Employee's Local Human Resource	e Department is to complete this sec	ction.		
Please verify that the above named employee is continuous service in the prevactill a full-time employee and has been employed a 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		
5 1 10"		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 comp	ete for The Bruns	wick Sons & Daughte	rs 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 (Country

Completed form should be submitted by March 1, 2020 to:

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

Email:info@brunswickscholarships.com