

**P**lease send me the 2006 SIU Scholarship Program booklet which contains eligibility information, procedures for applying and a copy of the application form.

Name \_\_\_\_\_

Mariner's Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

This application is for:  Self  Dependent

*Mail this completed form to Scholarship Program, Seafarers Health and Benefits Plan,  
5201 Auth Way, Camp Springs, MD 20746.*