

Larry Marquardt /AFSCME Scholarship Application

PART I - APPLICANT

LOG # _____

Name: _____ Age _____

Address: _____

City/ State/Zip Code: _____

Phone: () _____ Relationship to AFSCME member _____

High school graduation date: _____ College entrance date (anticipated or actual): _____

School to be attended: _____

Please attach Letter of Acceptance and or proof of attendance. Failure to do so will disqualify your application.

Other scholarships for which you have applied: _____

Other scholarships you have been awarded: _____

Total value of other scholarships you have been awarded: _____

Percentage of your tuition you expect your parent(s) to contribute: _____

Portion of your college expenses you plan to pay: _____

Interests: _____

Please be sure to enclose your grades, class ranking and ACT/SAT scores.

Failure to do so will affect your eligibility.

PART II- WORK EXPERIENCE

Most recent employer _____

Position _____ Dates of employment _____

Goals for future profession and how/if it relates to the Labor Movement: _____

PART III- ESSAY

Please attach a 300 word essay addressing: Why the Labor Movement is Relevant and Needed More Today than Ever!

Failure to do so will disqualify your application.

(over)

***FAILURE TO COMPLETE THE FOLLOWING SECTIONS WILL AUTOMATICALLY
DISQUALIFY YOUR APPLICATION***

PART IV- MEMBER INFORMATION

Name of AFSCME Member: _____

Job location: _____ Local union number: _____

Job classification _____ Is spouse employed? _____

Number of dependents in household (adults + children) _____

Number of children in school: Elem. _____ High School _____ College _____

Total adjusted gross household income as shown on most recent IRS 1040 forms: _____

Please list any other extra expenses (e.g. nursing home bills, special child care expenses, extensive hospital expenses, etc.)

PART V-VERIFICATION

(To be completed by AFSCME Local Union)

I do hereby verify that _____ has been

(member's name)

a member of Local # _____ in good standing for at least one year.

_____ Date _____

(to be signed by President or Secretary of the Local)

Failure to attach/submit requested information will have a negative effect on your application.

Return with grades, class rankings and ACT/SAT Scores to:

***AFSCME Council 31
Attention: Scholarship Program
205 N. Michigan Suite #2100
Chicago Illinois 60601***