

## *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: \_\_\_\_\_

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

*Failure to do so will affect your eligibility.*

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### **PART II- WORK EXPERIENCE**

Most recent employer \_\_\_\_\_

Position \_\_\_\_\_ Dates of employment \_\_\_\_\_

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

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### **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 \_\_\_\_\_

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.)  
\_\_\_\_\_  
\_\_\_\_\_

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**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***