



Application for Scholarship 2020

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
(city) (state) (zip code)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name and address of the college or university you are attending:

\_\_\_\_\_  
\_\_\_\_\_

Graduation or Expected Graduation date \_\_\_\_\_ Signature \_\_\_\_\_

date \_\_\_\_\_

Please submit an essay on the positive impact the AFSCME Local 749 union has made in your life.

To Be Completed by the AFSCME Parent or Legal Guardian

Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
(city) (state) (Zip code)

Work location \_\_\_\_\_

\_\_\_\_\_ (city) (State) (zip code)

Email \_\_\_\_\_ Social Security # \_\_\_\_\_

AFSCME Membership# \_\_\_\_\_ Signature \_\_\_\_\_

(please attach proof of membership) Date \_\_\_\_\_