



AFSCME Council 13 Scholarship Program

(Please complete and return)

STUDENT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Daytime telephone number: _____

College: _____

Year which you will be entering (Please Check One):

- Freshman Sophomore Junior Senior Graduate School

SPONSOR INFORMATION

(Must be a member in good standing when the award is made)

Name: _____

Social Security Number: _____

Local Union Number: _____ District Council Number: (Circle one) 83 84 85 86 87 88 89 90

Relationship to student: _____

APPLICATION CHECKLIST

- Essay (not to exceed two pages, typewritten)
- Transcript (high school or college)
- Three character references (not family)
- Must be received by June 1.