



APPLICATION FORM

Entry Deadline – April 14<sup>th</sup>, 2021

AFSCME COUNCIL #65

AL CHURCH SCHOLARSHIP FUND

Sponsored by

AFSCME COUNCIL 65, AFL-CIO

Application of \_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Home Address \_\_\_\_\_  
Street Address                      City                      State                      Zip

High School \_\_\_\_\_                      Year of Graduation \_\_\_\_\_

Parent's Name  
(or guardian) \_\_\_\_\_                      Phone Number \_\_\_\_\_

Parent's Home  
Address \_\_\_\_\_  
Street Address                      City                      State                      Zip

**COUNCIL 65 LOCAL UNION AFFILIATION:**

\_\_\_\_\_  
Local Union #                      Local Union Name (Employer)

**OVER**

**TO BE COMPLETED BY APPLICANT:**

Age Last Birthday: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is your post secondary educational objective? \_\_\_\_\_

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Which college or university or vocational, technical or trade school located within the State of Minnesota, South Dakota, or North Dakota, or having a reciprocity agreement with the State of Minnesota (**a scholarship prerequisite**) are you considering attending?

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**TO BE COMPLETED BY A LOCAL UNION OFFICER:**  
**(this section must be completed for application to be considered)**

I certify that \_\_\_\_\_ is a member in good standing of \_\_\_\_\_, Local Number \_\_\_\_\_.

Local Union Officer: \_\_\_\_\_  
Name and Title

Address: \_\_\_\_\_  
Street Address City State Zip

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

Remit to:

**SCHOLARSHIP COMMITTEE**  
AFSCME COUNCIL 65, AFL-CIO  
3335 West St Germain, Suite 107  
St. Cloud, MN 56301  
218-885-3242  
888-474-3242 (toll free)  
[bmaciej@afscme65.org](mailto:bmaciej@afscme65.org) or [info@afscme65.org](mailto:info@afscme65.org)