

APPLICATION FORM

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

**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 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 in order for application to be considered – if not, it will be returned)**

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  
118 CENTRAL AVENUE  
NASHWAUK MN 55769  
218-885-3242  
888-474-3242 (toll free)