

**2010 TEXAS AFL-CIO
SCHOLARSHIP APPLICATION**

(FOR HIGH SCHOOL SENIORS ONLY)

This form must be completely filled out and signed by applicant and Union Officer, a parent or legal guardian. You must attach a copy of your high school transcript and a photograph (head shot) for processing. **Incomplete applications will be returned!**



PERSONAL DATA

APPLICANT'S NAME: _____ SEX: M F

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL, IF AVAILABLE: _____ SS#: _____

PHONE: _____

MOTHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS _____ CITY: _____ ZIP: _____

FATHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

ACADEMIC DATA

HIGH SCHOOL: _____ PRINCIPAL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

GRADE POINT AVERAGE: _____

IN WHAT EXTRA CURRICULAR ACTIVITIES DO YOU PARTICIPATE?

ARE YOU REGISTERED TO VOTE? _____ COUNTY: _____

VOTER REGISTRATION NUMBER: _____

WHAT COLLEGE DO YOU HOPE TO ATTEND? _____

DESCRIBE ANY SPECIAL CIRCUMSTANCES (HARDSHIPS) CREATED BY HEALTH PROBLEM, STRIKE, LAY-OFFS, ETC.

LIST ANY SCHOLARSHIPS YOU HAVE APPLIED FOR AND/OR RECEIVED _____

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE APPLICANT'S SIGNATURE

AFFILIATION

ARE YOU A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

IS MOTHER OR LEGAL GUARDIAN A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

IS FATHER OR LEGAL GUARDIAN A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

GIVE FULL NAME OF CENTRAL LABOR COUNCIL HIS/HER UNION IS AFFILIATED: _____

(NAME) _____ (OFFICER) _____

(THE PART BELOW MUST BE COMPLETED BY LOCAL UNION PRESIDENT OR SECRETARY-TREASURER - NO EXCEPTIONS!!!):

I certify that _____ is a member in good standing with

Local number _____ of _____ union

located _____ Our central labor council

Address City Zip

affiliation is with _____ CLC.

Name of Union Officer _____ Position Held _____

Signature of Union Officer _____ Date _____

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN MONDAY, FEBRUARY 1, 2010.

**MAIL APPLICATION TO: TEXAS AFL-CIO EDUCATION DEPARTMENT
P. O. BOX 12727, AUSTIN, TEXAS 78711**

opeiu #298 afl/cio