

### **Scholarship Application**

#### **Application Instructions:**

- Please **print or type** all information.
- In order for your application to be considered, <u>you must complete the entire application and submit one Letter of Recommendation</u>.
- Completed applications & supporting documents must be received by <u>April 1, 2016</u> (new extended deadline). Send application materials to:

UFCW 21 Scholarship Committee, 5030 First Ave S #200, Seattle, WA 98134

Winners will be notified by phone and names posted on the UFCW 21 website by April 30th.

The Scholarship Hotline is 1-800-732-1188, ext. 6165

For Office Use
Application #
Date Received
Mbrshp Verified $\ \square$
Picture Received $\square$
Score

Applicant's Name:	Email:	SSN#:
		(required by colleges)
<ul> <li>*If you (the applicant) are not th</li> </ul>	e UFCW 21 member please provide the folloer: □Spouse □Child/Step Child □Do	wing:
Member's Name		Member's SSN#
Member's Employer	Member's Wor	k Phone
Member's Current Address:	City, State, Zi <sub>l</sub>	p:
Member's Home phone:	Cell phone:	Date of birth:
High School applicant graduated from or	will be graduating from:	
High School Address (including	city, state, and zip code):	
Applicant's proposed field of study:		
Do you (or did you) participate in the free	/reduced school lunch program in high scho	ool?
Has applicant applied (or intend to apply)	for college financial aid?	
	_	Write:
		to: nailed directly to the college/university)
Please submit a photo suitable for p	ublication. Example: (Senior photos, digital	I print copies) Copies of drivers license are not suitable.
Application Rules		
scholarship option. If more than one  (8) Full-time Student Scholarship:  (2) Health Care Profession Scholar  (1) Four-Year Scholarship of \$4,00	option is selected or more than one ap \$2,000	ne" scholarship application and select "only one" uplication submitted you will be disqualified. Family Scholarship: \$2,000 In Savage, RN Memorial Scholarship: \$3,000 It, Registered Nurse Major)
domestic partner of a current memb		21, of the child, step child, spouse, of
post-secondary institution I have selected an active member of UFCW 21 in good sta true and correct to the best of my knowle information pertinent to this application.	I to attend. I confirm that I am an active UFCW anding as of September 1, 2015. I also certify t dge. I further authorize the UFCW 21 Scholars	r the responsibility of meeting the qualifications of the // 21 member or spouse/domestic partner/dependent of that the information contained within this application is ship Committee to contact my school to verify and release
Signature:		Date:



# **Scholarship Application: Education & Experience Questionnaire**

In 1 – 2 sentences, please answer the following questions:

College Education (Note: these two questions are the most important	Collea	e Education (	Note: these two o	uestions are th	ne most imr	ortant
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Но	ow do you plan to use your education to help rebuild the American Dream?
Te	ell us your thoughts about the college debt crisis and what influence it might have on your college experience:
Life I	Experiences/Activities
	hat motivated you to pursue a college education, and who inspired you?
De	escribe a difficult life experience and what you learned from that situation?
Lis	st student or community activities in which you have participated:
List yo	istorically, how have Unions benefitted you or your family? Four employment history (High School students can include babysitting, yard work, etc.). Include any bou have done for 2 months or more.



City, State, Zip:

#### Scholarship Application: Letter of Recommendation

This evaluation will be used in the selection process for the UFCW 21 Scholarship candidates. Your careful appraisal and insight of the applicant's abilities and potential will provide valuable information to the Scholarship Committee. Thank you for your assistance.

Applicant's Name:					
The applicant you are recom  Full-time Student Schol  Health Care Profession		rial Schola	rship: \$3,00	00	
☐ Four-Year Scholarship o	of \$4,000/year for 4 years				
Letter of Recommen	dation				
☐ Family member ☐ Imam/pastor/pries	this applicant, and in what capacity?  — Teacher/coach/r t/rabbi/spiritual leader — Longtime friend g the appropriate boxes. Feel free to qualify any of the rating	/neighbor	/commun	ity advoca	ate
Capacity	comprehension, potential for professional growth	1 superior	2 above- average	3 average	0 Not observed
Communication	ability to clearly convey ideas orally;	1 superior	2 above- average	3 average	0 Not observed
Communication	ability to clearly convey ideas in writing; indicate if English is second language (very important to evaluate essay questions)	1 superior	2 above- average	3 average	0 Not observed
Community	acts/speaks for the good of others/group rather than self	1 superior	2 above- average	3 average	0 Not observed
Follow-through	dependability, fulfills promises, reliable	1 superior	2 above- average	3 average	0 Not observed
Initiative	self-starter, ability to take the first step, able to originate ideas or actions	1 superior	2 above- average	3 average	0 Not observed
Judgement	ability to use good common sense to reach sound decisions or conclusions	1 superior	2 above- average	3 average	0 Not observed
Leadership	organizer; influences others; role model	1 superior	2 above- average	3 average	0 Not observed
Originality	capable of thinking independently; creative	1 superior	2 above- average	3 average	0 Not observed
The 99%	engages in activities and/or programs that lift up the 99% of people in America	1 superior	2 above- average	3 average	0 Not observed
Remarks					
potential. Candid and obj	<b>neet,</b> please comment on your additional perceptions of this jective comments of his/her strong and weak characteristics us. Please include why you think this student should receive	will help to	make the	e	
Your Name:	Signature:				
Mailing Address:					

Day Phone:



## **Scholarship Application: Letter of Recommendation**

**Remarks**