

APPLICATION FORM

Entry Deadline – April 15<sup>th</sup>

AFSCME COUNCIL #65

AL CHURCH SCHOLARSHIP FUND

Sponsored by

MINNESOTA COUNCIL 65, AFSCME, AFL-CIO

Application of \_\_\_\_\_

Last Name	First Name	Middle Initial
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Home Address \_\_\_\_\_

Street Address	City	State	Zip
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High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

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

Parent's Home Address \_\_\_\_\_

Street Address	City	State	Zip
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**COUNCIL 65 LOCAL UNION AFFILIATION:**

\_\_\_\_\_

Local Union #	Local Union Name (Employer)
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OVER

**TO BE COMPLETED BY APPLICANT:**

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

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

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?  
\_\_\_\_\_  
\_\_\_\_\_

**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**  
MINNESOTA COUNCIL 65, AFSCME, AFL-CIO  
118 CENTRAL AVENUE  
NASHWAUK MN 55769  
218-885-3242  
888-474-3242 (toll free)