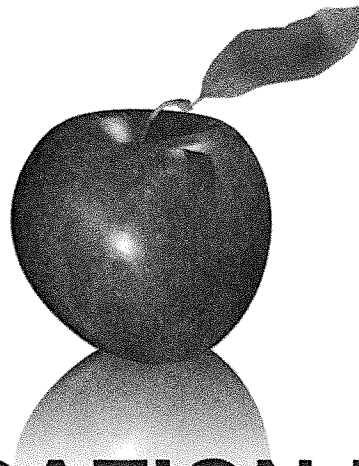


**UNITED FOOD  
AND  
COMMERCIAL WORKERS  
UNION LOCAL 1189**

**SCHOLARSHIP**



**APPLICATION FORM**

**SCHOOL YEAR  
2014 – 2015**

This application must be returned to the Union Office postmarked  
no later than June 20, 2014.

➤ This application form is for both the Kokaisel Scholarship and the UFCW Local 1189 Executive Board Scholarship programs.

➤ For the Kokaisel Scholarship, *applicant* must be a current/active member of UFCW Local 1189 with at least one (1) year of continuous membership as of **May 1, 2014.** For the UFCW Local 1189 Executive Board Scholarship, *applicant or parent of applicant* must be a current/active member of UFCW Local 1189 with at least one (1) year of continuous membership as of **May 1, 2014.**



### PART 1: PERSONAL INFORMATION

*to be completed by Applicant*

1. Name: \_\_\_\_\_  

Last
First
Middle
2. Home Address: \_\_\_\_\_  

Street Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City
State
Zip Code
3. Telephone(\_\_\_\_) \_\_\_\_\_ Marital Status \_\_\_\_\_  

(Single/Married/Divorced)

E-mail Address: \_\_\_\_\_
4. Applicant's Place of Employment: \_\_\_\_\_
5. Applicant's Job Title: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_  

(MM/DD/YYYY)
7. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. School Presently Attending: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Year: \_\_\_\_\_ Grade: \_\_\_\_\_

What was your grade-point average of your last completed year of school? \_\_\_\_\_

**NOTE:** *Grade-point average should not be cumulative; it should only reflect your last completed year of school. A copy of your transcript for the last completed year of school must be furnished with this application. You may obtain this information by contact your school's administrative office and requesting a copy of your transcript for that particular year.*

Post-Secondary Education:

School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

9. Which post-secondary school are you considering attending?

\_\_\_\_\_

10. What field-of-study do you plan on pursuing? \_\_\_\_\_

11. Expected year of completion? \_\_\_\_\_

12. Please indicate where you will be living during the school year (please check all that apply):

- Parent/s \_\_\_\_\_
- School Campus \_\_\_\_\_
- Renting \_\_\_\_\_
- Own home \_\_\_\_\_



**PART 2: PARENT/S OR GUARDIAN'S INFORMATION**

**NOTE:** Required unless applicant is not a dependent.

1. **Father's OR Guardian's Information:**

Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

2. **Mother's OR Guardian's Information:**

Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

3. Number of dependents living in the parents' home during last year \_\_\_\_\_.

List all dependent/s name/s and age/s:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_



### **PART 3: ACTIVITY INFORMATION**

1. List school activity involvement; indicate weekly/monthly/annually:

Year	Activity	Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List community/church activity involvement:

Year	Activity	Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Write a personal letter addressed to the UFCW Local 1189 Scholarship Committee giving any additional information, which will enable the committee to better evaluate your personal qualifications as a scholarship applicant. Include such information as evidence of leadership, vocational plans and ambitions, interests and hobbies. Tell us why you want it and why you need it. Attach the letter to this application form.
4. Write an essay (of 350 words minimum) on a subject dealing with the importance of Labor Unions. Please use your own words.
5. Two letters of recommendation from a teacher, a counselor or another person from your community who is not a relative should be submitted directly to:

United Food & Commercial Workers Union Local 1189  
 Scholarship Committee  
 266 Hardman Avenue North  
 South Saint Paul, MN 55075

*Before mailing this application, check to see if the following items are completed and attached/enclosed with this application:*

- \_\_\_\_\_1) Copy of School Transcript for Last Completed School Year
- \_\_\_\_\_2) Personal Letter
- \_\_\_\_\_3) Essay (350 words or more)

**NOTE:** *Recommendation Letters should be sent directly to the Union from people writing the recommendation and **should not be included with this Application.** Attached to this application you will find directions for sending letters of recommendation. Please give this to the people you are requesting letters from.*

Please indicate whom the Letters of Recommendation will be from:

a) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date Requested: \_\_\_\_\_

b) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**FAILURE TO PROVIDE ALL INFORMATION IN SECTIONS 1 - 3 OR SUBMITTING FALSE INFORMATION WITH THIS APPLICATION WILL RESULT IN DISQUALIFYING YOUR APPLICATION FROM CONSIDERATION FOR THIS SCHOLARSHIP. THE DECISIONS OF THE TRUSTEES ARE FINAL.**

**ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

and/or

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This application must be returned to the Union Office postmarked no later than **June 20, 2014.**



## RELEASE OF INFORMATION

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I hereby authorize UFCW Local 1189 to disclose my name and/or photo in future promotions of the UFCW Local 1189 Scholarship award recipients.

Name:

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

eme/opeiu#12



Directions for sending a letter of recommendation.

\_\_\_\_\_ is requesting a letter of  
(applicant)  
recommendation for a scholarship he/she is applying for.

Letters of recommendation must be from a teacher, counselor or another person from their community who is not a relative.

Please mail letter to:

UFCW Lcoal 1189  
Scholarship Committee  
266 Hardman Ave N  
South St. Paul, MN 55075

Letter must be posted marked **NO LATER** than June 20, 2014.

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Directions for sending a letter of recommendation.

\_\_\_\_\_ is requesting a letter of  
(applicant)  
recommendation for a scholarship he/she is applying for.

Letters of recommendation must be from a teacher, counselor or another person from their community who is not a relative.

Please mail letter to:

UFCW Lcoal 1189  
Scholarship Committee  
266 Hardman Ave N  
South St. Paul, MN 55075

Letter must be posted marked **NO LATER** than June 20, 2014.