

**SOUTH CENTRAL FEDERATION OF LABOR, AFL-CIO
SCHOLARSHIP APPLICATION**

Applicant Information:

Name Phone Number

Street Address County

City State Zip E-mail address

Name of High School

Month and Year of H.S. Graduation Gender: Male Female

Name of College or University

Major (if determined)

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Union Member Information:

(use additional page if more than one union member)

Union Member's Name

Check one or more: Mother Father Guardian Applicant

Member's Local Union Name Local Union #

Name & Address of Work Location

Application must be received or postmarked by Fri., June 26, 2015 at the South Central Federation of Labor, AFL-CIO, 1602 South Park Street, Room 228, Madison, WI 53715-2108. Results will be posted on www.SCEFL.org by July 10, 2015.

Please sign the following statement:

I hereby indicate my understanding that the decision of the South Central Federation of Labor, AFL-CIO, in the selection of scholarship winners is final and binding. I also agree that, in the event I am selected as a successful applicant for a scholarship grant, I shall comply with all rules and regulations set down by the South Central Federation of Labor for such scholarship. I understand that receipt of this scholarship is conditioned upon presentation of evidence of payment of tuition each semester. Incomplete and duplicate applications will not be considered.

SIGNED _____ DATE _____

(applicant)