

Applicant's Signature

## SOUTH CENTRAL FEDERATION OF LABOR, AFL-CIO 2017 SCHOLARSHIP APPLICATION

## **Application Information**

Name of the state	Dhoug #
Name	Phone #
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Street Address, City, State, Zip Code	County
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Email Address	STREET CONTRACTOR SECURIOR SHARE AND ADDRESS OF THE
	- 14.10 (-) * 14.1 (-)*
Name of High School	Month & Year of H.S. Graduation
Name of College or University	Major (if determined)
(use additional pa	n Member Information  age if more than one union member)
Union Member's Name	Relationship to Member (Mother, Father, Guardian, Applicant)
	and the Contract of the Contra
Member's Local Union Name	Local Union #
Name & Address of Work Location	2 11 + 3 shotarship formalities will synthetic a solution grawing
	County \$500 agod archip winners will be drawn. The Con-
	by Friday, June 30, 2017 at the South Central Federation of adison, WI 53715-2108 or by email to Sharon@local311.org. ly 14, 2017.
Please sign the following statement:	
selection of scholarship winners is final and bi successful applicant for the scholarship grant, South Central Federation of Labor for such sch	ecision of the South Central Federation of Labor, AFL-CIO, in the nding. I also agree that, in the event I am selected as a I shall comply with all rules and regulations set down by the iolarship. I understand that receipt of this scholarship is payment of tuition each semester. Incomplete and duplicate
applications will not be considered.	

Date