

**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., July 1, 2016 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.SCFL.org by July 15, 2016.

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)