

AFT St. Louis, Local 420 Carol G. Jackson Memorial Scholarship For Dependents of Local 420 Members and Retirees 2017-2018 Scholarship Application

Applicant's Name			
<u> </u>	(First)	(Middle)	(Last)
Applicant's Address			
	(Street Address)	(City)
			Birth date
	(State)	(Zip)	(Month/ Date/ Year)
Home	e phone ()		Work/Cell phone ()
	(Ple	ease Include Area Codes in	all telephone numbers)

This application is to be used by high school seniors wishing to be considered for an educational college scholarship administered by AFT St. Louis, Local 420 TEACH Scholarship Committee for a scholarship increment up to \$4,000 for an approved college, university or technical college. The scholarship is being offered to dependents of current or retired AFT St Louis, Local 420 members in good standing for one year or more by December 31, 2016. This application is to be used by dependents considered for educational scholarships administered by the AFT St. Louis, Local 420 TEACH Scholarship Committee. Applications are due via mail by April 28, 2017 by 5:00pm. Hand delivered applications will be disqualified. All applications must be mailed in a 10 X 13 envelope and follow the guidelines below which determines whether scholarships will be awarded by Committee:

□ Member □ Retiree

Each applicant must provide a **typed** application, an official high school transcript verifying an accumulative grade point average of 3.25 or above, two **typed** letters of recommendation from current or former teachers, scanned picture for AFT Local 420 website, student identification number of attending college (if known) details of family union involvement and a **typed** essay on a separate sheet on 8.5 X 11 paper explaining "Why you are deserving of this scholarship and how this money will be useful in your education." (*not to exceed 300- 500 words*)

Local 420 Member's N	Name:			
Membership Number	(if known):			
Local 420 Member's/I	Retirees Addı			
		(Street Address)	(City)	(Zip)
Membership length	(Year)	Home or Cell phone (Work phone () (Please Include Area Codes in all telephone numbers)		
Local 420 Member's	Worksite:			

Name of Agency/Department (If member is retired, list last employer and dates of employment)

To Be Completed by AFT St. Louis, Local 420

Signature of Union Official Verifying Membership: (President, Treasurer, Membership Chair, Scholarship Chair)

Position in Local:

1. List academic honors or recognitions you have received.

Honor/School Year:	

2. List extra activities, school or other, during the past three years.

Activity/School Year:	hours/	days
Activity/School Year:	hours/	days
Activity/School Year:	hours/	<u>days</u>
Activity/School Year:	hours/	<u>days</u>
Activity/School Year:	hours/	days
Activity/School Year:	hours/	days
High School Attended		
High School Name:		
Address, City, State, Zip:		
Un-weighted GPA: Weighted GPA: Dates Attended:	through	
Other Educational Institutions Attended (if applicable)		
Institution Name:		
Type of Institution (4-year College, Tech school, etc.):		
Address, City, State, Zip:		
Grade Point Average: Dates Attended: through		
Educational Institution Planning to Attend		
Institution Name:		

Type of Institution (4-ye	ear College, Tech school, etc):	
Address, City, State, Zip):		
Student Identification N	umber (<i>if known</i>):		
Planned Date of Enrolln	nent:	Intended Major/Minor:	
What are your educational and/or career plans beyond the undergraduate or vocational school level?			
		T Local 420 member involvement.	
		positions held since starting high school, including	
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3.	Company/Organization name:				
	Type of Operation:				
	Dates Employed:	_through	Number of hours per week:		
	Duties:				

Essay: "Why you are deserving of this scholarship and how this money will be useful in your education." 300-500 words. Please attach).

The signatures below certify that, to the best of our knowledge, all information contained herein is correct. Should it be discovered that any false or misleading information has been given, understand that this application will be disqualified.

Student signat	rure	Date	
Parent/Guardi	an signature	Date	
Please attac	 ch: 1. Proof of grade point average with 2. Two typed letters of recommenda 3. Typed essay on 8.5 X 11 paper (no 4. Scanned picture for AFT Local 42 5. Student identification number (if 	tion from current or past teachers ot to exceed 300-500 words) 20 website	
***Deadl	ine is April 28, 2017		
Mail to:	AFT St. Louis, Local 420 Attn: Dr. Anitra D. Arms TEACH Scholarship Committee Carol G. Jackson Memorial Scholarship 2710 Hampton St. Louis, Missouri 63139 (314) 449-5341 aarms@stltu.org <u>Checklist</u> 1. Proof of grade point average with 2. Two typed letters of recommenda 3. Typed essay on 8.5 X 11 paper (not 4. Scanned picture for AFT Local 42 5. Student identification number (if 6. 10 X 13 envelope 7. Neatly submitted application 8. Mail application only. No hand de	tion from current or past teachers ot to exceed 300-500 words) 20 website known)	