



**AFT ST. LOUIS, LOCAL 420**

AFT MO/AFT/AFL-CIO  
2710 Hampton Ave.  
St. Louis, MO 63139  
(314) 781-2077 • Fax: (314) 781-6321  
www.mo.aft.org/local420

**AFT St. Louis, Local 420  
Robert E. Flenoy Memorial Scholarship  
PSRP Local 420 Members  
2017-2018 Scholarship Application**

Applicant's Name \_\_\_\_\_  
(First) (Middle) (Last)

Applicant's Address \_\_\_\_\_  
(Street Address) (City)

\_\_\_\_\_ Birth date \_\_\_\_\_  
(State) (Zip) (Month/ Date/ Year)

Home phone ( ) Work/Cell phone ( )  
(Please Include Area Codes in all telephone numbers)

This application is to be used by PSRP members wishing to be considered for an educational scholarship administered by AFT St. Louis, Local 420 TEACH Scholarship Committee for a scholarship increment up to \$4,000 for an approved college or university. The scholarship is being offered to current 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 non-certificated members 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:**

Each applicant must provide a typed application, scanned picture for website, an official transcript, two typed letters of recommendations, 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 Membership Number: \_\_\_\_\_

Membership length \_\_\_\_\_ Home phone ( ) Work/Cell phone ( )  
(Year) (Please Include Area Codes in all telephone numbers)

Local 420 Member's Worksite \_\_\_\_\_  
Name of Agency/Department

SLPS Position: \_\_\_\_\_

**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 honors or recognitions you have received.**

Honor/School Year: \_\_\_\_\_

Honor/School Year: \_\_\_\_\_

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Honor/School Year: \_\_\_\_\_

Honor/School Year: \_\_\_\_\_

Honor/School Year: \_\_\_\_\_

**2. List organizations, school or other, in which you are actively involved.**

Activity/School Year: \_\_\_\_\_ hours/ days

Activity/School Year: \_\_\_\_\_ hours/ days

Activity/School Year: \_\_\_\_\_ hours/ days

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Activity/School Year: \_\_\_\_\_ hours/ days

Activity/School Year: \_\_\_\_\_ hours/ days

**University Attended**

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

Address, City, State, Zip: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ 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: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Degree or Certification sought: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Planned Date of Enrollment: \_\_\_\_\_ Planned Graduation/Cert. Date: \_\_\_\_\_

**3. What are your educational and/or career plans beyond graduation or certification?**

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**4. List union involvement, elaborating on AFT Local 420 member involvement.**

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**Work Experiences, Volunteer or Paid:** *(List all positions held, including time period, organization, type of operation, description of duties, and approximate number of hours worked per week.)*

**1.** Company/Organization name: \_\_\_\_\_

Type of Operation: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ through \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

**Duties:**

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**2.** Company/Organization name: \_\_\_\_\_

Type of Operation: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ through \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

**Duties:**

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3. Company/Organization name: \_\_\_\_\_

Type of Operation: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ through \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

**Duties:**

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**Essay: "Why you are deserving of this scholarship and how this money will be useful in your education." (not to exceed 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please attach:**

- Proof of official transcript**
- Two typed letters of recommendation**
- Typed essay on 8.5 X 11 paper (not to exceed 300-500 words)**
- Scanned picture for AFT Local 420 website**
- Student identification number**

Remember to indicate which scholarship you are applying for on the envelope.

**\*\*\*Deadline is April 28, 2017**

**Mail to:** AFT St. Louis, Local 420  
Attn: Dr. Anitra D. Arms  
TEACH Scholarship Committee  
Robert E. Flenoy Memorial Scholarship  
2710 Hampton  
St. Louis, Missouri 63139  
(314) 449-5341  
[aarms@stltu.org](mailto:aarms@stltu.org)

**Checklist**

1. Typed letters of recommendation from current or past teachers
2. Typed essay on 8.5 X 11 paper (not to exceed 300-500 words)
3. Scanned picture for AFT Local 420 website
4. Student identification number (if known)
5. 10 X 13 envelope
6. Neatly submitted application
7. Mail application only. No hand deliveries please.