

**AFSCME LOCAL 641 SCHOLARSHIP APPLICATION**

*Available to children and grandchildren of AFSCME Local 641 members in good standing*

*Please print legibly in pen*

Applicant’s Name:

Address:

City, State, Zip Code:

Date of Birth: Social Security Number:

Telephone Number: Email Address:

1. Name of AFSCME Member(s):

Department: Date Hired:

Relationship to Student:

1. High School/College currently attending:
2. List of any activities in which you participated in, during high school or college:

1. Offices held or honors received, in high school or college:

1. List any activities in which you participated in, outside of school:

1. Offices held or honors received, in these activities:

1. Future plans:
2. List any full-time, part-time, or summer jobs you have held:
3. List colleges you have applied to, and check-off those you have been accepted at:

First Choice: Location:

Second Choice: Location:

Third Choice: Location:

Field of study:

1. What are the annual costs of the college you expect to attend:

Tuition: Room: Board:

Additional cost(s):

1. Have you applied for financial aid? Yes No
2. Father’s Name:

Address:

Place of employment: Occupation:

1. Mother’s Name:

Address:

Place of employment: Occupation:

1. How many people live in your home, including parents?

Number of brothers: Ages:

Number of sisters: Ages:

1. How many people in your home (including yourself) will be in college in the **Fall, 2024**?

**\*\*ALL APPLICATIONS MUST BE RECEIVED BY: MAY 10, 2024**\*\*

This application form **must be accompanied by an official transcript** of your high school grades (college grades if you are a freshman in college). Selections will be made by the AFSCME Local 641 Executive Board. Please return this completed application and official transcript in a sealed envelope to: **Gina Brites, Local 641 Recording Secretary in PPS at PRAB, by May 10, 2024.**