



Scholarship Application

Application Instructions:

- Please **print or type** all information.
- In order for your application to be considered, **you must complete the entire application and submit one Letter of Recommendation.**
- Completed applications & supporting documents **must be received by February 12, 2015.** Send application materials to:

UFCW 21 Scholarship Committee, 5030 First Ave S #200, Seattle, WA 98134

Winners will be notified by phone and names posted on the UFCW 21 website by April 30th. The Scholarship Hotline is 1-800-732-1188, ext. 6165

For Office Use

Application # _____

Date Received _____

Mbrshp Verified

Score _____

Applicant's Name: _____ Email: _____ SSN#: _____
(required by colleges)

Current Address: _____ City, State, Zip: _____

Home phone: _____ Cell phone: _____ Date of birth: _____

High School you graduated from or will be graduating from: _____ GPA: _____

High School Address (including city, state, and zip code): _____

Your proposed field of study: _____

Do you (or did you) participate in the free/reduced school lunch program in high school? _____

Have you applied (or do you intend to apply) for college financial aid? _____

What other language(s) do you speak: _____ Read: _____ Write: _____

College/University you will attend and mailing address: _____

Scholarship check should be made out to this College/University and made attention to: _____

Phone number: _____

Please submit a photo suitable for publication. Example: (Senior photos, digital print copies) Copies of drivers license are not suitable.

Eligibility

Select the scholarship for which you are applying. You must submit "only one" scholarship application and select "only one" scholarship option. If more than one option is selected or more than one application submitted you will be disqualified.

- | | |
|--|---|
| <input type="checkbox"/> (8) Full-time Student Scholarship: \$2,000 | <input type="checkbox"/> (2) First in Family Scholarship: \$2,000 |
| <input type="checkbox"/> (2) Health Care Profession Scholarship: \$3,000 | <input type="checkbox"/> (1) Marilyn Savage, RN Memorial Scholarship: \$3,000 |
| <input type="checkbox"/> (1) Four-Year Scholarship of \$4,000/year for 4 years | (Full-time student, Registered Nurse Major) |

In order to be eligible for a scholarship, you must be a current member of UFCW 21, or the child, step child, spouse, or domestic partner of a current member of UFCW 21.

Are you a current member? Yes No

Are you a dependent, spouse, or domestic partner of a current member? Yes No

Member's Name: _____ Member's Social Security #: _____

Member's Employer: _____ Member's Work Phone: _____

I agree to comply with all conditions of the scholarship and understand that I also incur the responsibility of meeting the qualifications of the post-secondary institution I have selected to attend. I confirm that I am an active UFCW 21 member or spouse/domestic partner/dependent of an active member of UFCW 21 in good standing as of February 1, 2015. I also certify that the information contained within this application is true and correct to the best of my knowledge. I further authorize the UFCW 21 Scholarship Committee to contact my school to verify and release information pertinent to this application.

Signature: _____ Date: _____

"PLEASE NO STAPLING, BINDING OR CLIPPING THESE DOCUMENTS"



Scholarship Application: Education & Experience Questionnaire

In 1 – 2 sentences, please answer the following questions:

College Education (Note: these two questions are the most important)

How do you plan to use your education to help rebuild the American Dream?

Tell us your thoughts about the 99% movement and what influence it might have on your college experience:

Life Experiences/Activities

What motivated you to pursue a college education, and who inspired you?

Describe a difficult life experience and what you learned from that situation?

List student or community activities in which you have participated:

List your employment history (High School students can include babysitting, yard work, etc.). Include any jobs you have done for 2 months or more.

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Scholarship Application: Letter of Recommendation

This evaluation will be used in the selection process for the UFCW 21 Scholarship candidates. Your careful appraisal and insight of the applicant's abilities and potential will provide valuable information to the Scholarship Committee. Thank you for your assistance.

Applicant's Name: _____

The applicant you are recommending has applied for the scholarship type selected:

- Full-time Student Scholarship: \$2,000
- Health Care Profession Scholarship: \$3,000
- Four-Year Scholarship of \$4,000/year for 4 years
- First in Family Scholarship: \$2,000
- Marilyn Savage, RN Memorial Scholarship: \$3,000
(Full-time student, Registered Nurse Major)

Letter of Recommendation

How long have you known this applicant, and in what capacity?

- Family member
- Imam/pastor/priest/rabbi/spiritual leader
- Teacher/coach/mentor/case worker
- Longtime friend/neighbor/community advocate

Rate the applicant by circling the appropriate boxes. Feel free to qualify any of the ratings on the back.

Capacity	comprehension, potential for professional growth	1 superior	2 above-average	3 average	0 Not observed
Communication	ability to clearly convey ideas orally;	1 superior	2 above-average	3 average	0 Not observed
	ability to clearly convey ideas in writing; indicate if English is second language (very important to evaluate essay questions)	1 superior	2 above-average	3 average	0 Not observed
Community	acts/speaks for the good of others/group rather than self	1 superior	2 above-average	3 average	0 Not observed
Follow-through	dependability, fulfills promises, reliable	1 superior	2 above-average	3 average	0 Not observed
Initiative	self-starter, ability to take the first step, able to originate ideas or actions	1 superior	2 above-average	3 average	0 Not observed
Judgement	ability to use good common sense to reach sound decisions or conclusions	1 superior	2 above-average	3 average	0 Not observed
Leadership	organizer; influences others; role model	1 superior	2 above-average	3 average	0 Not observed
Originality	capable of thinking independently; creative	1 superior	2 above-average	3 average	0 Not observed
The 99%	engages in activities and/or programs that lift up the 99% of people in America	1 superior	2 above-average	3 average	0 Not observed

Remarks

On back side of this sheet, please comment on your additional perceptions of this applicant and his/her potential. Candid and objective comments of his/her strong and weak characteristics will help to make the student better known to us. Please include why you think this student should receive the UFCW 21 scholarship.

Your Name: _____ Signature: _____

Mailing Address: _____

City, State, Zip: _____ Day Phone: _____

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Scholarship Application: Letter of Recommendation

Remarks

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