## 2013 TEXAS AFL-CIO SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATION (FOR HIGH SCHOOL SENIORS ONLY)		
This form must be completely filled out and signed by applicant and Union Officer, a parent or legal guardian. You must attach a copy of your high school transcript and a photograph (head shot) for		
processing. Incomplete applications will be returned!		
PERSONAL DATA		
APPLICANT'S NAME:		SEX: M F
HOME ADDRESS:	CITY	Y: ZIP:
E-MAIL, IF AVAILABLE:	SS#:	
PHONE:		
MOTHER OR LEGAL GUARDIAN'S NAME:		
HOME ADDRESSC	ITY:	ZIP:
FATHER OR LEGAL GUARDIAN'S NAME:	OCCUPATION	ON:
HOME ADDRESS:	CITY:	ZIP:
ACADEMIC DATA		
HIGH SCHOOL:	PRINCIPAL:	
MAILING ADDRESS:	CITY:	ZIP:
GRADE POINT AVERAGE:		
IN WHAT EXTRA CURRICULAR ACTIVITIES DO YOU P		
ARE YOU REGISTERED TO VOTE?	COUNTY:	
VOTER REGISTRATION NUMBER:		
WHAT COLLEGE DO YOU HOPE TO ATTEND?		
DESCRIBE ANY SPECIAL CIRCUMSTANCES (HARDSHI LAY-OFFS, ETC.	PS) CREATED BY HEAL	TH PROBLEM, STRIKE,
LIST ANY SCHOLARSHIPS YOU HAVE APPLIED FOR A	ND/OR RECEIVED	

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

APPLICANT'S SIGNATURE

## AFFILIATION ARE YOU A UNION MEMBER? YES NO IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: IS MOTHER OR LEGAL GUARDIAN A UNION MEMBER? YES NO IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: IS FATHER OR LEGAL GUARDIAN A UNION MEMBER? YES NO IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: GIVE FULL NAME OF CENTRAL LABOR COUNCIL HIS/HER UNION IS AFFILIATED: \_\_\_\_\_ (NAME) \_\_\_\_\_(OFFICER) (THE PART BELOW MUST BE COMPLETED BY LOCAL UNION PRESIDENT OR SECRETARY-TREASURER - NO EXCEPTIONS!!!): I certify that \_\_\_\_\_ is a member in good standing with Local number \_\_\_\_\_ of \_\_\_\_ union City Zip Our Central Labor Council located Address Affiliation is with CLC. Name of Union Officer Position Held

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN THURSDAY JANUARY 31, 2013.

Date

MAIL APPLICATION TO: TEXAS AFL-CIO EDUCATION DEPARTMENT P. O. BOX 12727, AUSTIN, TEXAS 78711

opeiu #298 afl/cio

Signature of Union Officer