

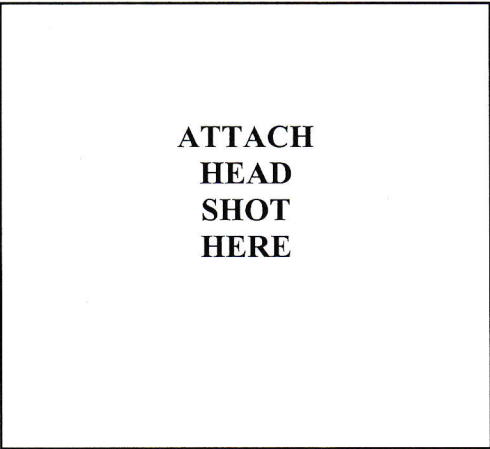


2020 TEXAS AFL-CIO SCHOLARSHIP APPLICATION

(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!



**ATTACH
HEAD
SHOT
HERE**

PERSONAL DATA

APPLICANT'S NAME: _____ SEX: ___ M ___ F

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL, IF AVAILABLE: _____

PHONE: _____

MOTHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS _____ CITY: _____ ZIP: _____

FATHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

ACADEMIC DATA

HIGH SCHOOL: _____ PRINCIPAL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

GRADE POINT AVERAGE: _____

IN WHAT EXTRA CURRICULAR ACTIVITIES DO YOU PARTICIPATE IN? _____

ARE YOU REGISTERED TO VOTE? _____ COUNTY: _____

VOTER REGISTRATION NUMBER: _____

WHAT COLLEGE DO YOU HOPE TO ATTEND? _____

DESCRIBE ANY SPECIAL CIRCUMSTANCES (HARDSHIPS) CREATED BY HEALTH PROBLEM, STRIKE, LAY-OFFS, ETC.:

LIST ANY SCHOLARSHIPS YOU HAVE APPLIED FOR AND/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 WITH: _____

(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
LOCATED _____ . OUR CENTRAL LABOR COUNCIL
ADDRESS CITY ZIP
AFFILIATION IS WITH _____ CLC.

NAME OF UNION OFFICER

POSITION HELD

SIGNATURE OF UNION OFFICER

DATE

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN FRIDAY, JANUARY 31, 2020

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