

SEIU LOCAL 400 PG



2010



SCHOLARSHIP APPLICATION

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AMOUNT: \$1,500.00

ELIGIBILITY:

Members: Applicants who are members must have been a member of SEIU Local 400 PG for at least two (2) years, as of March 15, 2010. Members are eligible through completion of an undergraduate degree.

WHO MAY APPLY: SEIU Local 400 PG members, their children, grandchildren and legal guardians are eligible; provided, that they are seniors in high school or have not completed more than two (2) years of college.

INFORMATION REQUIRED: Please return the completed application with the following information:

1. A transcript of your grades (If currently a student)
2. Letter of recommendation
3. Your letter of acceptance
4. See Section IV
5. See Section V (Applicants who are seniors in high school or who have not completed more than two (2) years of college, must have a school official complete and sign this section.)

Failure to include complete information requested will result in disqualification of your application. Please type or print all information.

Scholarship assistance from this organization will be made according to: (1) financial needs; (2) essay; (3) academic achievement; and without regard to sex, race, national origin, religion, sexual orientation, age or handicap of any applicant.

This complete application must be postmarked by MAY 7, 2010.

RETURN COMPLETED APPLICATION TO:

**SEIU LOCAL 400 PG
5132 BALTIMORE AVE.
HYATTSVILLE, MD 20781-2043**

SECTION IV: ESSAYS (Attach separate sheets)

- A. Please type or print an essay of at least five hundred (500) words, but not more than one thousand (1,000) words describing the importance of the Union.
- B. Please give your reason for seeking a higher education.

DATE

SIGNATURE OF APPLICANT

SECTION V: APPLICANT'S HIGH SCHOOL RECORD

(This portion of the application should be completed by a responsible school official, i.e. principal, teacher, advisor, etc.)

- 1. Copy of SAT or ACT results.
- 2. Transcript
- 3. Letter of Recommendation

Name of School: _____

Address of School: _____
City: _____ State: _____ Zip: _____

Applicant's Name: _____

Applicant's Birth Date: _____

Was admitted to School (date): _____

Applicant:
 Withdrew on _____
 Will graduate/graduated on _____

School Official:
Name: _____
(PLEASE PRINT)

Signature: _____
Title: _____

Date: _____
Phone: _____

COMMITTEE: _____

APPROVED

DISAPPROVED