

**NEW HAVEN MANAGEMENT AND PROFESSIONAL MANAGEMENT UNION  
LOCAL 3144, COUNCIL 4, AFSCME, AFL-CIO**

*Mailing address: AFSCME Local 3144, P.O. Box 1748, New Haven, CT 06502-1748*

# Scholarship Application

The annual 3144 scholarship was established in 1975 to offer financial assistance to members' graduating high school seniors. The awards can be used towards tuition, books or expenses associated with continuing education at a university, vocational/technical institution or community college.

**Member's Name** \_\_\_\_\_ **Work location** \_\_\_\_\_  
**Work phone** \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**Student's Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Relationship to member** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**SAT/ACT Scores** (Attach copies)

**Scholarships Applied for:**

**Date applied**

**Received yes/no**

**Amt Received?**

DATE TAKEN	MATH	VERBAL	TOTAL

1.			
2.			
3.			
4.			

**Colleges to which you have applied:**

**Cost/year**

**Accepted?**

1.		
2.		
3.		
4.		

**What career path do you plan to pursue? Explain Briefly.**

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**List your community activities, date performed and total hours of service.** (You can attach additional sheets if necessary)

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**List your High School activities, awards, honors or accomplishments and dates received.** (You can attach additional sheets if necessary)

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Briefly state your goals and how you feel this financial assistance can help you attain them.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

For this application to be considered complete, the following must be included:

- 1. Sealed copy of student's high school transcript
2. 2 letters of recommendation
3. Essay: (See topic and instruction listed on forms)
4. Proof of acceptance into higher learning program
5. Copy of SAT scores

IMPORTANT\*\*\*\*\* No incomplete, late or unsigned applications will be considered for scholarships\*\*\*\*\*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Deadline May 11, 2018
Must be postmark by the above date

DO NOT WRITE BELOW THIS LINE

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Received by: \_\_\_\_\_ (please print) Date \_\_\_\_\_

Information Checked by: \_\_\_\_\_ Date \_\_\_\_\_

Application is complete Y \_\_\_\_\_ N \_\_\_\_\_ Items missing: \_\_\_\_\_

Committee Review Date \_\_\_\_\_

Application Score \_\_\_\_\_ Essay Score \_\_\_\_\_ Placement \_\_\_\_\_

Scholarship Amount Received \_\_\_\_\_

PRESIDENT'S SIGNATURE

DATE

COMMITTEE CHAIRPERSON'S SIGNATURE

DATE