

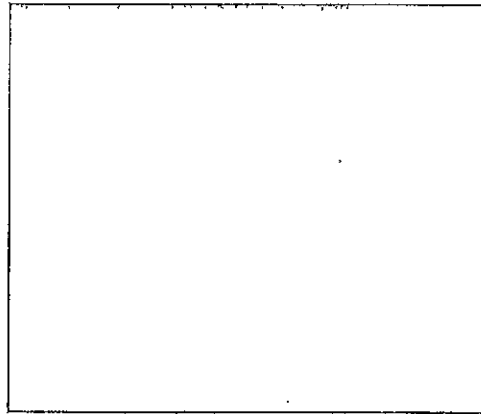
**2019 TEXAS AFL-CIO  
SCHOLARSHIP APPLICATION**

(FOR HIGH SCHOOL SENIORS ONLY)

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**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!**

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**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?  
\_\_\_\_\_

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**  
opeiu #298 afl/cio

\_\_\_\_\_  
**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

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 THURSDAY, JANUARY 31, 2019**

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

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