2021 SMART LOCAL 565
SCHOLARSHIP APPLICATION

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

HIGH SCHOOL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF PARENT OR GUARDIAN (MEMBER OF 565) AND WHERE THEY WORK:

_____

_____

ARE YOU PLANNING ON ENROLLING OR ENROLLED ALREADY IN A TWO OR FOUR YEAR PROGRAM?

TWO-YEAR ☐ FOUR-YEAR ☐

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PROGRAM TITLE: _____

LIST HONORS AND AWARDS RECEIVED:

_____

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_____

LIST COMMITTEES SERVED ON, OFFICES HELD, OR OTHER POSITIONSOF LEADERSHIP YOU HAVE HAD AND ANY DUTIES OR RESPONSIBILITIES INVOLVED:

_____

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LIST OTHER ACTIVITIES YOU HAVE PARTICIPATED IN: (SPORTS, MUSIC, COMMUNITY PROJECTS, SCOUTS, ETC.):

LIST ANY JOBS YOU HAVE HAD AND THE DUTIES AND RESPONSIBILITIES INVOLVED:

WHAT DO YOU FEEL ARE YOUR ACADEMIC STRENGTHS AND WEAKNESSES?:

WHAT DO YOU FEEL ARE YOUR PERSONAL STRENGTHS AND WEAKNESSES?:

DISCUSS YOUR LONG-TERM GOALS:

USE THE SPACE PROVIDED TO ADD ANY ADDITIONAL INFORMATION YOU MAY WANT US TO CONSIDER:

WE WOULD LIKE AN ESSAY ON WHAT BEING FROM A UNION FAMILY MEANS TO YOU, THE APPLICANT. IN 1500 WORDS OR LESS EXPLAIN WHAT COMING FROM A UNION HOUSEHOLD HAS MEANT TO YOU:

THANK YOU!

PLEASE CHECK YOUR APPLICATION CAREFULLY TO BE SURE THAT IT IS SIGNED AND ALL NECESSARY INFORMATION WAS GIVEN. IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT THREE (3) LETTERS OF RECOMMENDATION, TRANSCRIPT OF COURSES AND CLASS RANKING ARE RECEIVED AT THE FOLLOWNG ADDRESS:

SMART LOCAL 565
1602 S. PARK ST. ROOM 105
MADISON, WI 53715

INSTEAD OF MAILING, YOU CAN EMAIL YOUR APPLICATION AND RELATED DOCUMENTS TO SARAH AT: admin@smartlocal565.org

APPLICATIONS MUST BE EMAILED OR POSTMARKED NO LATER THAN MONDAY FEBRUARY 15, 2021. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

REQUIRED SIGNATURE:
To the best of my knowledge, I have provided SMART Local 565 full and truthful information concerning all questions on the application. I agree to provide SMART Local 565 all factors and documentation, which could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of scholarship monies or if monies have already been paid I could be responsible to make the union scholarship whole as to that payment.

APPLICANT SIGNATURE: _____ DATE: _____