

Tri-County Labor Council of Eastern Kansas Scholarship Fund Application 2008

SECTION A (To be completed by applicant.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ E Mail: _____

Date of Birth: _____ Social Security Number: _____

Name of Union Member: _____ Local Union: _____

Address of Union Member: _____

Relationship to Scholarship Applicant: _____

Have you been accepted into a college, university, or other institution of higher learning as of this date: *(Circle one)* YES NO

If yes, Name and location of Institution: _____

If selected for this scholarship, I fully agree to adhere to the rules that have been established by the Scholarship Committee for the Tri-County Labor Council of Eastern Kansas.

Date: _____ Signature of Applicant: _____

Please mail to the TCLC Scholarship Fund Address by March 31, 2008. The drawing will occur at the May 2008 meeting. For additional information call 913.334.3505.

SECTION B (To be completed by Local Union Officer.)

This is to certify that _____ is: *(Check appropriate box below)*

_____ An active, retired, or laid off Delegate of the TCLC.

_____ An active, retired, or laid off Member of this Local.

_____ The spouse of an active, retired, laid off, or deceased member, or

_____ The son, daughter, grandson, or granddaughter of an active or retired, laid off or deceased member.

_____, _____, _____, _____
Local # Signature of Local Officer Title Date

This completed form should be received no later than March 31, 2008 by the **Tri-County Scholarship Fund, 7540 Leavenworth Road, Kansas City, Kansas 66109.**

Note: Incomplete applications will be disqualified.