

**TRI-COUNTY LABOR COUNCIL OF EASTERN KANSAS
SCHOLARSHIP FUND APPLICATION 2010**

SECTION A (To be completed by applicant.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Social Security Number: _____ Date of Birth: _____

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.

Signature of Applicant: _____ Date: _____

Please mail to the TCLC Scholarship Fund address (below) by June 23, 2010. The drawing will occur at the June 29th meeting & scholarship winners will be asked to attend a presentation at the July 27th meeting. For additional information, call 913-669-2166.

Section B: (to be completed by your 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 & Title of Local Officer	Date
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This completed form should be received no later than June 23, 2010 by the **Tri-County Scholarship Fund, 7540 Leavenworth Road, Kansas City, Kansas 66109**

NOTE: Incomplete applications will be disqualified