

**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
---------	------------------------------------	------

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**