

Official use only

Empty box for official use

Essay number

Parent's Name: Mr. _____

Ms. _____

Address _____

City _____ State _____ Zip _____

Phone _____

I am eligible to apply for this scholarship because *Check appropriate box* () I, () My Parent, whose name is _____ ; or

() My Grandparent whose name is _____

is a member in good standing of Local Union # _____ of the

Name of international union

Local Union Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Principal Officer _____

Title _____

I do hereby confirm that _____

Name listed above as person making applicant eligible

Is a member of Local Union # _____ of _____

International union

He/She is in good standing with this local union and their dues are paid current.

Comments: _____

Signature and title of Local Union's Principal Officer.

Inside box to be completed by union principal officer

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IF THE APPLICANT IS THE MEMBER THIS PAGE DOES NOT NEED TO BE COMPLETED.

THIS PAGE MUST BE COMPLETED BY THE UNION MEMBER WHOSE MEMBERSHIP IS MAKING IT POSSIBLE FOR THIS APPLICANT TO PARTICIPATE

I, _____, do hereby promise that

Members name

the applicant for this scholarship, _____,

Applicant's name

is my _____ . I further promise that I am a member in

Relationship to applicant

good standing of Local Union # _____ of the _____ . My dues are paid

International union

current.

I further promise that I will abide by all rules governing this scholarship including the continuation of my membership with my local union for one year after this scholarship is awarded, if the applicant is chosen as the winner. If I do not keep my membership current or obtain an exception from the Tennessee AFL-CIO Labor Council, I, not the applicant, will immediately upon their request repay the entire amount of the scholarship that has been paid on behalf of the applicant.

Signature of Member: _____