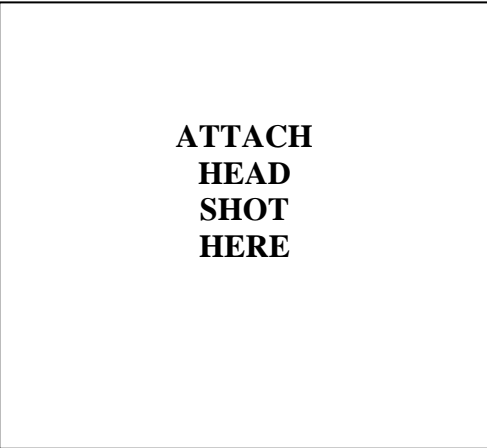


TEXAS AFL-CIO

2024 TEXAS AFL-CIO SCHOLARSHIP APPLICATION

(FOR HIGH SCHOOL SENIORS ONLY)

This form must be filled out completely and signed by applicant, a parent or legal guardian and Union Officer. You must attach a copy of your high school transcript and a photograph (head shot) for processing.



Incomplete applications will be returned.

PART A - PERSONAL DATA

APPLICANT'S NAME: _____ SEX: ___ M ___ F

HOME ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

MOTHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS _____ CITY: _____ ZIP: _____

FATHER OR LEGAL GUARDIAN'S NAME: _____ OCCUPATION: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PERMISSION TO PUBLICIZE PHOTO: ___ YES ___ NO

PART B - ACADEMIC DATA

HIGH SCHOOL: _____ PRINCIPAL: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

WHAT EXTRA CURRICULAR ACTIVITIES (INCLUDING JOBS HELD) DO YOU PARTICIPATE IN?

ARE YOU REGISTERED TO VOTE? _____ COUNTY: _____

WHAT COLLEGE DO YOU HOPE TO ATTEND? _____

DESCRIBE ANY SPECIAL CIRCUMSTANCES (HARDSHIPS) CREATED BY HEALTH PROBLEM, STRIKE, LAY-OFFS, ETC.:

LIST ANY SCHOLARSHIPS YOU HAVE APPLIED FOR AND/OR RECEIVED _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

APPLICANT'S SIGNATURE

PART C - AFFILIATION

ARE YOU A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

IS MOTHER OR LEGAL GUARDIAN A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

IS FATHER OR LEGAL GUARDIAN A UNION MEMBER? _____ YES _____ NO

IF YES, GIVE FULL NAME OF LOCAL UNION AND NUMBER: _____

GIVE FULL NAME OF CENTRAL LABOR COUNCIL HIS/HER UNION IS AFFILIATED WITH: _____

PART D – OFFICER SIGNATURE/CLC AFFILIATION

(THE PART BELOW MUST BE COMPLETED BY LOCAL UNION PRESIDENT, BUSINESS MANAGER OR SECRETARY-TREASURER – NO EXCEPTIONS!!)

I CERTIFY THAT _____ IS A MEMBER IN GOOD STANDING WITH
(PARENT OR LEGAL GUARDIAN)

LOCAL NUMBER _____ OF _____ UNION

LOCATED _____
ADDRESS CITY ZIP

OUR LOCAL UNION IS AFFILIATED WITH THE _____ CENTRAL LABOR
COUNCIL/BODY.

NAME OF UNION OFFICER

POSITION HELD

PHONE NUMBER

DATE

SIGNATURE OF UNION OFFICER

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN TUESDAY, JANUARY 31, 2023.

**MAIL APPLICATION TO:
TEXAS AFL-CIO EDUCATION DEPARTMENT
P. O. BOX 12727, AUSTIN, TEXAS 78711**

TEXAS AFL★CIO

2024 TEXAS AFL-CIO SCHOLARSHIP APPLICATION CHECKLIST

THANK YOU for applying for the Texas AFL-CIO Scholarship.

Please use this checklist to ensure that all required documents and signatures are included on your application to be considered for the scholarship.

_____ **Part A – Personal Data** – *please make sure to include applicant’s email and phone number.*

_____ **Part B – Academic Data**

_____ **Part C – Affiliation** – *one or both parents/legal guardians are members of a local union.*

_____ **Part D – Officer Signature/CLC Affiliation** – *this must be completed and signed by Union Officer. If not completed, application will be considered incomplete.*

_____ **Headshot Photo** – *please mark “yes or no” to publicize picture in Part A*

_____ **High School Transcript**

PLEASE KEEP IN MIND THAT INCOMPLETE APPLICATIONS WILL BE RETURNED.

TO AVOID ANY MAIL DELAYS, WE ENCOURAGE YOU TO SUBMIT YOUR APPLICATION ELECTRONICALLY AS WELL TO THE FOLLOWING EMAIL: SCHOLARSHIP@TEXASAFLCIO.ORG. PLEASE PUT YOUR FIRST & LAST NAME IN THE SUBJECT LINE

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN WEDNESDAY, JANUARY 31, 2024.

**MAIL APPLICATION TO:
TEXAS AFL-CIO EDUCATION DEPARTMENT
P. O. BOX 12727, AUSTIN, TEXAS 78711**