



AFSCME LOCAL 641 SCHOLARSHIP APPLICATION

Available to children and grandchildren of AFSCME Local 641 members in good standing

Please print legibly in pen

Applicant's Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____ Email Address: _____

1. Name of AFSCME Member(s): _____

Department: _____ Date Hired: _____

Relationship to Student: _____

2. High School/College currently attending: _____

3. List of any activities in which you participated in, during high school or college: _____

4. Offices held or honors received, in high school or college: _____

5. List any activities in which you participated in, outside of school: _____

6. Offices held or honors received, in these activities: _____

7. Future plans: _____

8. List any full-time, part-time, or summer jobs you have held: _____

9. List colleges you have applied to, and check-off those you have been accepted at:
First Choice: _____ Location: _____
Second Choice: _____ Location: _____
Third Choice: _____ Location: _____
Field of study: _____
10. What are the annual costs of the college you expect to attend:
Tuition: _____ Room: _____ Board: _____
Additional cost(s): _____
11. Have you applied for financial aid? _____ Yes _____ No
12. Father's Name: _____
Address: _____
Place of employment: _____ Occupation: _____
13. Mother's Name: _____
Address: _____
Place of employment: _____ Occupation: _____
14. How many people live in your home, including parents?
Number of brothers: _____ Ages: _____
Number of sisters: _____ Ages: _____
15. How many people in your home (including yourself) will be in college in the **Fall, 2025**? _____

****ALL APPLICATIONS MUST BE RECEIVED BY: MAY 13, 2025****

This application form **must be accompanied by an official transcript** of your high school grades (college grades if you are a freshman in college). Selections will be made by the AFSCME Local 641 Executive Board. Please return this completed application and official transcript in a sealed envelope to: **Gina Brites, Local 641 Recording Secretary at PRAB-PPS room 220, by May 13, 2025.**