

**The Washington State Council of
County and City Employees**

2019

Continuing Education Award for

Union Members

Official

Application and Instructions

Must be postmarked

no later than March 15.

Scholarship Committee
(425) 303-8818 or 1-800-775-6418

**CONTINUING EDUCATION AWARD FOR UNION MEMBERS - OFFICIAL
APPLICATION**

Instructions and Information - Read Carefully

1. In 2019, the Washington State Council of County & City Employees, AFSCME, AFL-CIO will award five continuing education scholarships of \$1,000 each. To be eligible:
 - a) Applicant must be a member in good standing of a Local affiliated with the Washington State Council of County and City Employees.
 - b) The application must be completed **and** postmarked **NO LATER THAN MARCH 15**. Envelopes should be clearly marked “To the Scholarship Committee” at the address below.
 - c) Applications may be obtained from local unions affiliated with the Washington State Council of County & City Employees, by request to the Scholarship Committee, or downloaded from WSCCCE’s website at www.council2.com.
 - d) Rules governing receipt of award and use of funds:
 - 1) Recipients must enroll in the course of his or her choice during the academic year following the award.
 - 2) The \$1,000 award may be drawn on by the recipient upon proof of enrollment and receipts submitted.
 - 3) Scholarship recipients shall use their funds within four years of having received the award.
2. The Scholarship Committee will evaluate the applications and determine the recipients of the awards. The Committee’s decision will be final.

2019

WSCCCE CONTINUING EDUCATION AWARD FOR UNION MEMBERS

STATEMENT OF REQUIRED FACTS

NOTE – The information on this page is for Council 2’s verification of eligibility only and is not submitted to the Committee.

In applying for the award described in this application form, I certify that all of the facts contained herein are correct.

Signature of Applicant: _____

Date: _____

(PLEASE PRINT)

1) Applicant’s Name: _____

2) Address: _____
(Street)

(City) (State) (Zip Code)

work or home _____
Day time Phone # (include area code)

Home Email Address: _____ No home email

3) Local Union Name: _____

Local Union Number: _____

Date of Member Affiliation With Local: _____

- 1) School Choice: _____
- 2) Course Description: _____

- 3) Are you now the recipient of a scholarship or other financial award? _____
 If YES, please state the amount and source of the award. _____
- 4) Have you received a Council 2 Scholarship before? _____
 If YES, please state the amount and year of the award. _____
- 5) Current Job Title: _____ Hours per week: _____
- 6) Attach an essay on the subject "What Unions mean to me." Essay must be no greater than 400 words, typewritten or printed from a word processing program.
- 7) Provide examples of your involvement with your local union or other labor activism, political activism or other community services.
- 8) Attach a statement of your reason for taking the course/training.
- 9) Work History: _____

Return postmarked no later than March 16th to:

**Scholarship Committee
P.O. Box 750
Everett, WA 98206-0750**

NOTE: Additional relevant information, including current transcripts, may be submitted to the committee for consideration.