



# FOUR YEAR COLLEGE OR UNIVERSITY

I am applying as a: Traditional Student • Non-Traditional Student • (Please check one.)

## APPLICANT

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (        )  
: \_\_\_\_\_

Email address: \_\_\_\_\_

## ACADEMIC

High School: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
:

*Traditional students: Attach an official high school transcript in a sealed envelope, verified by the school.*

Test taken: ACT • SAT • Test date: \_\_\_\_\_ MM/DD/YY Score \_\_\_\_\_

## EMPLOYMENT

List your present or most recent position first. If you've held more than one position with an employer, list each position separately. Please account for all jobs and include any unpaid experience.

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
\_\_\_\_\_ week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT (CONTINUED)**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**COMMUNITY SERVICE**

List your present or most recent service first.

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization

Address: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Start Date:	End Date:	Hours per week:
_____	_____	_____

## EDUCATION PLAN

As indicated by the attached copies of my acceptance letters or enrollment receipts, I have been accepted and intend to enroll at:

School: \_\_\_\_\_ City, State: \_\_\_\_\_  
(First Choice)

School: \_\_\_\_\_ City, State: \_\_\_\_\_  
(Second Choice)

School: \_\_\_\_\_ City, State: \_\_\_\_\_  
(Third Choice)

## ESSAY

Submit an essay addressing the following topic:

*How has union membership made a difference in your life or the life of your family?*

The essay should be 5 - 7 pages in a Times-style font, 12-point typeface, double spaced, with one-inch margins. A bibliography of references should be attached; the bibliography does not count in the 5 - 7 page requirement. Do not include your name anywhere on the essay. Attach the essay to the end of your completed application packet.

*Plagiarizing or otherwise presenting another person's work as your own is unacceptable and will result in disqualification from the scholarship competition.*

## CERTIFICATION

I, the undersigned, certify that all of the information that I have included in and with my application is true. I understand that if I am selected for an award, I may be required to submit further proof of my financial need and/or of my acceptance within a school or program as indicated on this form. I agree that if I am selected for an award, the sponsors of this scholarship program may use my name, photograph, and/or essay for publicity purposes with no additional compensation. I have read and understand the above information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

All scholarship applicants must complete this form. Membership must be verified by your UFCW Local 700 Union Representative; the Scholarship Committee cannot verify your union membership.

*Please note that membership verification is part of the scholarship application packet. Applicants who do not submit a complete packet will be disqualified from consideration.*

## APPLICANT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone (        )  
: \_\_\_\_\_

Email address: \_\_\_\_\_

Is the applicant a member of UFCW Local 700?      Yes   •      No   •

*If no, please proceed to Member Information to verify union membership.*

*If yes, please complete employer information below.*

## MEMBER INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone (        )  
: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work location/Store  
No. \_\_\_\_\_

Relationship to scholarship  
applicant: \_\_\_\_\_

(For office use)

## UNION REPRESENTATIVE VERIFICATION

The membership information above is true and complete to the best of my knowledge.

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Union Representative Signature

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Date

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## SCHOLARSHIP PACKET CHECKLIST

Before sending your application, be sure all items are completed and included:

- Application Form
- Official high school transcript in a sealed envelope, verified by school (traditional students only)
- Acceptance letter(s) or enrollment receipt
- UFCW Local 700 Membership Verification form
- Essay
- Sign all forms
- Materials ***postmarked or emailed no later than August 15, 2024***

**Submit your completed application packet to:**  
**UFCW Local 700 Scholarship Fund, c/o UFCW Local 700**  
**3091 E. 98th St, Suite #150**  
**Indianapolis, IN 46280**

**OR**

**Email to [cphelps@ufcw700.org](mailto:cphelps@ufcw700.org)**