

2010 Family Scholarship Application

Indicate your first, second and third choice by placing the appropriate number in the space provided.
All sessions begin on Sunday and end on Friday.

_____ July 11-16

_____ July 18-23 (Available in Spanish)

_____ July 25-30

Legal FIRST Name: _____ LAST Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Local Union # _____ UAW Region: _____ Date of Membership: _____

Employed at: _____ Location: _____

Home Phone: (_____) _____ Social Security #: _____

Age of applicant: _____ Marital Status: Married Single Male Female

Single participants not accompanied by spouse or family are roomed with another participant. Indicate: Smoking Non-Smoking

If spouse and/or children accompany UAW applicant to the Family Education Center, please complete the following:

Spouse's Legal FIRST Name: _____ LAST Name: _____

List children's **complete LEGAL names**, birth dates and sex:

First Name	Last Name	Birth Date	Sex
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>

The Scholarship Program is open only to UAW member's children. Program is not open to grandchildren, relatives or children under 3 years of age. For each child, you may be required to provide proof of legal guardianship.

Please indicate any special needs of yourself/family members, i.e., handicap, sleep apnea, medical condition: _____

Both member and spouse must read and sign application:

UAW Member's signature: _____

Spouse's signature: _____

Dated: _____

DRIVING: Attach \$50 registration fee made payable to UAW Family Education Center. Applications received without registration fee cannot be processed.

FLYING: No registration fee required. See "Eligibility Rules and Instructions" to determine eligibility and actual costs of airfare.

If flying, complete following:

Apply airfare to Personal Credit Card Daytime Home or Cell Phone number (_____) _____

E-mail address: _____ (Travel agency will e-mail flight information)

Nearest Major Airport: _____ Name of cardholder: _____

Account Number: _____ Expiration Date: _____

Airfare to be paid with Local Union Credit Card or check (Contact Local Union before checking this box; most Local Unions require families to apply airfare to their own personal credit card.)

Local Union Phone: (_____) _____ Local Union Fax (_____) _____

Applicant is a member in good standing with one year's seniority: _____

Local Union President or Financial Secretary

UAW Member: Application must be submitted to your Local Union

Local Union: Mail to UAW Regional Office