

# SCHOLARSHIP APPLICATIONS FOR UAW LOCAL 5960 MEMBERS & FAMILIES



## OFFICIAL APPLICATION FORM

### UAW REGION 1 DIRECTOR'S SCHOLARSHIP

\*\*\*\*\* READ CAREFULLY BEFORE FILLING OUT \*\*\*\*\*

- Print clearly or type - All 12 Questions Must Be Completed. If something does not apply to you, do not leave blank - explain.
  - All Applications must be completely filled out and submitted with all other required information - DO NOT send one item at a time - send all together.
  - Each application MUST INCLUDE (In The Following Order):
    - Completed Application Form
    - A ONE page, DOUBLE SPACED, essay on your career choice explaining how this will help working people
    - If in high school, a letter of acceptance from a college/university.
    - Your most recent OFFICIAL transcript - including OFFICIAL GPA.
    - Incomplete applications will not be returned - they will not be considered.
    - Materials will not be returned. Do not send originals that you want to keep.
    - DEADLINE FOR RECEIPT IS BY 4:00 PM ON April 23, 2010 - NO EXCEPTIONS
    - FAX COPIES NOT ACCEPTED
- MAIL TO: UAW Region 1  
Director's Scholarship  
27800 George Merrelli Drive  
Warren, MI 48092  
ATTN: Janice Caruso

1. Name \_\_\_\_\_ (M)  (F)  S.S. # \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City, State & Zip Code \_\_\_\_\_

4. Telephone (Include Area Code) \_\_\_\_\_

5. High School/College Now Attending \_\_\_\_\_

6. Birth Date \_\_\_\_\_

7. Name of Parent/Grandparent from Region 1 (CIRCLE ONE) \_\_\_\_\_  
& Print Name \_\_\_\_\_

8. Parent/Grandparent Local Union Number \_\_\_\_\_

9. Name of University or College you are or will be attending \_\_\_\_\_

10. Are you receiving any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from whom and amount \_\_\_\_\_

11. Have you ever received a Region 1 Scholarship Award? \_\_\_\_\_ Date \_\_\_\_\_

12. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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ccc/2010/YolichScholarship.doc

### How to apply - Read very carefully #1 thru #4

- Applicants must complete ALL sections (type or print) of the application form. The complete package must be submitted all at the same time, not one item at a time. You must use the form provided - do not make your own form!!!! If you make a copy of the form, it must be 8 1/2 x 11 in size. If you do not use this form, you will not be eligible!!!
- Applicants must submit a letter of admittance to a college or university.
- Applicants must submit high school transcripts or, if already in college, grade transcripts from last year.
- Applicants must write a brief statement of purpose, which describes her/his career choice, the social impact of this particular career, how it might benefit labor or working people, why you chose it, etc. This statement is to be no more than one (1) page in length.
- Any applications not containing all of the above, fully completed, will not be considered; incomplete applications will not be returned for correction.



## UAW Local 5960 Standing Committee Scholarship Application for Fall 2010 School Year

MEMBER INFO:

Member's Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Telephone: \_\_\_\_\_ Plant: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

STUDENT INFO:

Student's Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

\*Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
\*If different from Member

STUDENT'S SCHOOL INFO:

High School Attending/Graduated: \_\_\_\_\_

College Attending: \_\_\_\_\_

College Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Please Check One: First Year Student  Attach copy of acceptance letter  
Returning Student  Attach proof of attendance (i.e. transcripts, invoice, grades, etc.)

Status in Fall 2010:  Freshman  Sophomore  Junior  Senior

Starting Date of School Term: \_\_\_\_\_

For Office Use ONLY

Member Verification: \_\_\_\_\_ Initial \_\_\_\_\_ Drawing No. \_\_\_\_\_

## LOCAL 5960 STANDING COMMITTEE SCHOLARSHIP

Rules, Requirements and Information for Eligibility  
Any member in good standing, active, retired or deceased may sponsor a dependent in the drawing providing:

- Applicant is a SON or DAUGHTER of a Local 5960 Member in good standing. Grandchildren are not eligible unless they are a Dependent.
- Applicant must provide proof of acceptance or attendance by a college of his/her choice and a completed scholarship application.
- The school selected must be either a two- or four-year accredited institution; or an accredited Vocational School of two or four years duration or more; and applicant must enroll for full-time study under that school's work load requirements for the academic year.
- Should the student fail to meet the requirements of the school of enrollment, he/she shall agree that any monies are to be refunded that are the result to the Local 5960 Standing Committee Scholarship Fund.
- No check or cash will be given to the student or sponsor. However, it will be issued on the student's behalf, generally to the Registrar's Office or the School's Director of Financial Affairs.
- In the event an applicant selected is unable to attend the school of choice for any term during the school's academic year, he or she will not be permitted to carry over the award to a new school year.
- Please allow only one (1) entry per student.
- Applications are available at Local 5960, 180 East Silver Bell Rd., Lake Orion, MI 48360. **APPLICATIONS MUST BE TURNED IN NO LATER THAN FRIDAY, APRIL 23, 2010 - NO EXCEPTIONS.**
- Awards will be announced by a drawing held during the membership meeting on Sunday, May 2, 2010.

## UAW Local 5960 Retiree Scholarship Application for Fall 2010 School Year

RETIREE MEMBER INFO:

Member's Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Telephone: \_\_\_\_\_ Date Retired: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

STUDENT INFO:

Student's Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

\*Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
\*If different from Member

STUDENT'S SCHOOL INFO:

High School Attending/Graduated: \_\_\_\_\_

College Attending: \_\_\_\_\_

College Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Please Check One: First Year Student  Attach copy of acceptance letter  
Returning Student  Attach proof of attendance (i.e. transcripts, invoice, grades, etc.)

Status in Fall 2010:  Freshman  Sophomore  Junior  Senior

Starting Date of School Term: \_\_\_\_\_

For Office Use ONLY

Member Verification: \_\_\_\_\_ Initial \_\_\_\_\_ Drawing No. \_\_\_\_\_

## LOCAL 5960 RETIREE SCHOLARSHIP

Eligibility Requirements, Rules And Information  
Any Dues-Paying Retired Member Or Surviving Spouse May Sponsor A Grandchild In The Drawing Providing:

- Applicant must be a GRANDSON or GRANDDAUGHTER of a Local 5960 Retiree or Surviving Spouse in good standing.
- Applicant must provide proof of acceptance or attendance by a college of his/her choice and a completed scholarship application.
- The school selected must be either a two- or four-year accredited institution; or an accredited vocational school of two or four years duration or more; and applicant must enroll for full-time study under that school's work load requirements for the academic year.
- Should the student fail to meet the requirements for the school enrollment, he/she shall agree that any monies are to be refunded to the Local 5960 Retiree Scholarship Fund.
- No check or cash will be given to the student or sponsor. However, it will be issued on the student's behalf, generally to the Registrar's Office or the School's Director of Financial Affairs.
- In the event an applicant selected is unable to attend the school of choice for any term during the school's academic year, he or she will not be permitted to carry over the award to a new school year.
- Please allow only one (1) entry per student.
- Applications are available at Local 5960, 180 East Silverbell Rd., Lake Orion, MI 48360. **APPLICATIONS MUST BE TURNED IN NO LATER THAN MONDAY, MAY 3, 2010 - NO EXCEPTIONS.**
- Awards will be announced by a drawing held during the membership meeting on Wednesday, May 19, 2010.

APPLICATION  
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.

Legal FIRST Name: \_\_\_\_\_ July 11-16 \_\_\_\_\_ July 18-23 (Available in Spanish) \_\_\_\_\_ July 25-30  
Address: \_\_\_\_\_ LAST Name: \_\_\_\_\_  
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: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
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 birth certificates or proof of legal guardianship.  
Please indicate any special needs of yourself/family members, i.e., disability, sleep apnea, medical condition: \_\_\_\_\_  
Both member and spouse must read and sign application:  
UAW Member's signature: \_\_\_\_\_ Spouse's signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
 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

## 2010 UAW WALTER & MAY REUTHER EDUCATION CENTER SCHOLARSHIP PROGRAM

Applications for the 2010 UAW Walter and May Reuther Family Education Center Scholarship Program are available at the Local 5960 Union Hall.

Members in good standing for one year and who have never attended the Walter and May Reuther UAW Family Education Center Family Scholarship Program are eligible to apply.

Members who are selected by the Region 1 Scholarship Committee will be responsible for their travel expenses to and from the UAW Family Education Center and must be willing to use their regular vacation, personal leave time, or union leave (where contracts apply). A complete list of eligibility rules and instructions are outlined in detail on the application form.

The completed application form must be signed by the Local President or Financial Secretary, and submitted to the Region along with a \$50.00 registration fee.

Cancellations must be submitted immediately to the regional office so that reservations can be reallocated. Failure to do so at least 10 days prior to the program will result in forfeiture of any registration fees paid.

