



## SEIU LOCAL 99 SCHOLARSHIP PROGRAM

SEIU Local 99 is proud to offer ten (10) \$1,000 scholarships to Local 99 Members or their immediate family. This is a one-time, \$1,000 scholarship.

### **Eligibility Criteria:**

Applicants for the SEIU Local 99 Scholarship must be pursuing higher education. Higher education is education that is provided by universities, vocational schools, community colleges, liberal arts colleges, technical colleges, and other collegial institutions that award academic degrees, including career colleges. Applicant must be a dues-paying SEIU Local 99 Member or their immediate family (Spouse, Child/Step-child, Parent/Step-parent/Guardian, or Grandchild). All awards must be for the academic year(s) awarded. Limit one entry per Member.

### **Application Process:**

1. Complete and return all sections of the scholarship application, and include:
2. An essay of 500 words or more (*not to exceed 2,000 words*) on:
  - What does education mean to you and your family?
  - How would you use your education to make a difference in your community?
  - How have the California budget cuts affected you or your education?
  - Please discuss your community service or union involvement.
3. All entries must be typed and double-spaced (Minimum size 10 font)
4. Proof of enrollment must be submitted
5. Most recent educational transcripts must be submitted

### **Selection Process:**

The Scholarship Committee will review unmarked essays and invite the top 10 Member entries and the top 10 Student entries to the Interview phase. The Scholarship Committee will interview the finalists; interviews may be tape recorded. The Scholarship Committee will select winners based on application, essay, and interview.



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## APPLICATION 2010

### APPLICATION INSTRUCTIONS:

1. Complete all sections of the application. (Incomplete applications will be disqualified.)
2. Using the application checklist on the next page, confirm you have completed all steps necessary.
3. Postmarked no later than **Friday, October 1st, 2010**, mail your complete application to:  
SEIU Local 99  
Scholarship Program Administrators  
2724 W. 8<sup>th</sup> St.  
Los Angeles, CA 90005
4. Winners will be notified by mail in November 2010 and announced on [www.seiu99.org](http://www.seiu99.org) in December 2010. Winners will be awarded at the End-of-Year Event on December 11, 2010. Winners must be present to receive award. Winners may be asked to read essay at event.

### STUDENT INFORMATION:

FIRST	MI	LAST
PERMANENT MAILING ADDRESS		APARTMENT
CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	EMAIL	PHONE

### HOW DID YOU HEAR ABOUT THE PROGRAM?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> SEIU99.ORG     | <input type="checkbox"/> 99 TIMES NEWSPAPER              | <input type="checkbox"/> LOCAL 99 MEETING/EVENT |
| <input type="checkbox"/> LOCAL 99 STAFF | <input type="checkbox"/> LOCAL 99 LEADER/STEWARD         | <input type="checkbox"/> LOCAL 99 MEMBER        |
| <input type="checkbox"/> MSC NEWSLETTER | <input type="checkbox"/> ANOTHER APPLICANT/WORD-OF-MOUTH | <input type="checkbox"/> OTHER _____            |

### SEIU MEMBER INFORMATION:

- ELIGIBLE MEMBER IS:  MYSELF  MY SPOUSE  MY PARENT/STEPPARENT/GUARDIAN  
 MY CHILD/STEPCHILD  MY GRANDPARENT

NAME OF MEMBER		
MEMBER CARD NUMBER (LOCATED ON MBR CARD)	MEMBER DATE OF BIRTH (MM/DD/YYYY)	
NAME OF EMPLOYER	WORKSITE	JOB CLASSIFICATION
MEMBER HOME MAILING ADDRESS (IF DIFFERENT FROM APPLICANT ADDRESS)		APARTMENT
CITY	STATE	ZIP

**HIGHER EDUCATION INSTITUTION:**

STATE FULL NAME OF INSTITUTION OF HIGHER EDUCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**LABOR INVOLVEMENT:**

LIST HOW YOU'VE BEEN ACTIVE IN THE LABOR MOVEMENT (FOR EXAMPLE: SERVED AS SHOP STEWARD, MEMBER POLITICAL ORGANIZER, PARTICIPATED ON POLITICAL CAMPAIGNS, SUPPORTED ANOTHER UNION MEMBER, ETC.)

ACTIVITY DESCRIPTION	TO-FROM DATES	HOURS

**COMMUNITY SERVICE:**

LIST COMMUNITY AGENCIES OR ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE LAST THREE YEARS (RELIGIOUS GROUPS, HOSPITAL VOLUNTEER, CULTURAL ACTIVITIES, OUTREACH PROGRAMS, ETC.). INDICATE THE TOTAL AMOUNT OF HOURS IN THE PAST THREE YEARS. PLEASE DO NOT USE ACRONYMS.

VOLUNTEER ACTIVITIES	HOURS

**ESSAY:**

PLEASE INCLUDE YOUR NAME AND THE MEMBER'S UNION NUMBER (*LOCATED ON THE MEMBER'S LOCAL 99 MEMBERSHIP CARD*) IN THE UPPER LEFT CORNER OF THE PAGE, AND ATTACH IT TO YOUR APPLICATION.

1. AN ESSAY OF 500 WORDS OR MORE (NOT TO EXCEED 2,000 WORDS) ON:
  - WHAT DOES EDUCATION MEAN TO YOU AND YOUR FAMILY?
  - HOW WOULD YOU USE YOUR EDUCATION TO MAKE A DIFFERENCE IN YOUR COMMUNITY?
  - HOW HAS THE CALIFORNIA BUDGET CUTS AFFECTED YOU OR YOUR EDUCATION?
  - PLEASE DISCUSS YOUR COMMUNITY SERVICE OR UNION INVOLVEMENT.
  
2. ALL ENTRIES MUST BE TYPED AND DOUBLE-SPACED

## APPLICATION CHECKLIST:

YOU MAY USE THE FOLLOWING CHECKLIST TO ENSURE THE APPLICATION PROCESS IS COMPLETE. ALL DOCUMENTS MUST ARRIVE IN THE SAME PACKAGE FOR THE SUBMISSION TO BE CONSIDERED COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. PLEASE DO NOT STAPLE DOCUMENTS TOGETHER.

- I HAVE ATTACHED MY APPLICATION
- I HAVE ATTACHED MY ESSAY
- I HAVE ATTACHED MY MOST RECENT TRANSCRIPTS
- I UNDERSTAND THAT ALL ENTRIES AND IDEAS ARE PROPERTY OF SEIU LOCAL 99
- I HAVE PHOTOCOPIED MY ENTIRE SUBMISSION FOR MY FILES

## CERTIFICATION:

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION ON THIS APPLICATION AND ESSAY IS COMPLETE, ORIGINAL, AND ACCURATE. FALSIFICATION OF ANY INFORMATION WILL CAUSE MY DISQUALIFICATION FROM THE SCHOLARSHIP COMPETITION.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAKE SURE THIS APPLICATION IS COMPLETED AND MAILED BY THE REQUIRED POSTMARK DEADLINE LISTED ON THE APPLICATION. FURTHERMORE, I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE, OR IF I DO NOT SUBMIT MY APPLICATION BY THE POSTMARK DEADLINE, I MAY BE DISQUALIFIED FROM THE SCHOLARSHIP COMPETITION AND MAY NOT BE CONSIDERED FOR A SCHOLARSHIP.

THIS APPLICATION, UPON RECEIPT BECOMES THE PROPERTY OF THE SEIU LOCAL 99.

TO COMPLY WITH THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I HEREBY GIVE PERMISSION FOR SCHOOL OFFICIALS TO RELEASE MY SECONDARY SCHOOL RECORD AND OTHER REQUESTED INFORMATION, IF NECESSARY.

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APPLICANT'S SIGNATURE

DATE

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PARENT'S SIGNATURE (IF THE STUDENT IS UNDER 18 YEARS OLD)

DATE