



# APPLICATION

AFT LOCAL 943 SCHOLARSHIP  
15521 S. 70<sup>th</sup> Court, Orland Park, IL 60462  
(708) 633-0943  
Fax (708) 633-0944

Please type or print clearly:

NAME OF APPLICANT: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

Name of applicant's parent who is a member: \_\_\_\_\_

Place of employment for verification purposes: \_\_\_\_\_

Name of **public** high school the applicant attends: \_\_\_\_\_

Address of high school: \_\_\_\_\_

**Public** College or University (includes community college) applicant will be attending:

\_\_\_\_\_

I hereby apply for the AFT Local 943 Scholarship and agree to abide by the decision of the Scholarship Committee as published in its announcement.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
FOR SCHOLARSHIP ADMINISTRATION PURPOSES ONLY  
Verification of Union Membership.

\_\_\_\_\_  
(UNION OFFICIAL)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)