

Local 528 Scholarship Fund Application Form



Please complete this form promptly and return it to Local 528 no later than **August 31st, 2023**. **The winners will be notified September 2023 and announced in the Newsletter.**

If you cannot provide some of the information requested, be sure to explain fully.

AN APPLICATION OR (AND) RELATED DOCUMENTS POSTMARKED LATER THAN August 31st, 2023, WILL **NOT** BE ACKNOWLEDGED OR CONSIDERED.

THE APPLICATION FORM IS AVAILABLE ON OUR WEBSITE:

www.opcmia528.org

Please print clearly or type

I. General Information

Name: _____ Phone: _____
(Last name) (First name) (Middle initial)

Address: _____ City: _____

State or Province: _____ Zip code: _____

Birth Date: ____/____/____ Sex: Male Female: Other:

I am a dependent _____

OPCMIA Member must be in good standings for the past 12 months _____

If a dependent, list the OPCMIA member's name _____

OPCMIA Registration No. _____ OPCMIA Member SS# _____
(Last 4 digits)

OPCMIA Local Union No. _____ Applicant SS# _____
(Last 4 digits)

II. Academic Record

1. High School or GED Information

What high school (or other secondary school) are you attending? (If you are not attending high school, please skip to #2).

Name of School: _____

Address: _____

Street

City/State

Zip code

If you are currently a student in this school, state the month and year in which you will graduate. _____

If you did not graduate, have you obtained an equivalency certificate? _____

If so, when? _____ *

Month - Year

What class work, correspondence study or tests did you take to obtain this equivalency diploma or certificate? List the classes or courses taken and the completion date of each class or course.

If you have taken a General Education Development Test ("GED"), indicate the date on which that test was taken and your score. Date: _____ Score: _____

***NOTE: A copy of your equivalency diploma or certificate must be attached to the application.**

2. General Courses not taken for College Credits

List courses not taken for college credit (such as correspondence courses, trade or night school, company or union classes, Armed Services Schools, apprenticeship classes, etc.)

Course or subject taken	School or Organization Which gave this course	Dates Course began & ended	Course hours per week	Grade, if any

3. Colleges

If you are attending college now, state the college name and address.

Name of School: _____

Address: _____
(Zip code)

List below in chronological order all colleges attended, date of attendance, program hours completed (indicate quarter or semester hours).

Name of Institution	<u>Entered</u>		<u>Left</u>		Type of Program	Hours Completed*
	Month	Year	Month	Year		

**indicate whether quarter (q) hours or semester (s) hours.*

4. If you were to receive a scholarship from the Local 528 Scholarship Fund and then entered college full-time in the Fall, how would the college classify you?

Freshman Sophomore Junior Senior

5. What is your estimate of the number of years of full-time study you will require to attain your B.A. or equivalent degree?

1 year 2 years 3 years 4 years other _____

6. What is your intended major? _____

III. Apprenticeship

Have you been, or are you now, in an apprenticeship program? _____

If so, when did you start? _____ When did you finish? _____

What company and what union sponsored this program? _____

Apprenticeship Courses should be listed under question #2 above in Section II.

IV. Academic Transcript

If you are a high school senior, a transcript of your high school grades indicating your grade point average must be submitted in connection with your application. **If you are currently enrolled in college, please send your college transcript (instead of your high school transcript).** Please ask the appropriate school officials for an official copy of your transcript in a sealed envelope. Submit with all other required documents in a large envelope to the following address:

**Local 528 Scholarship Fund
PO BOX 80462
Seattle, Washington 98108**

V. Essay

Applicants are required to include an essay on the importance of the Operative Plasterers' and Cement Masons' Local 528 (OPCMIA) to your family. The essay should demonstrate your knowledge and appreciation of the role that the OPCMIA Local 528 has played in the life of your family. All essays should be double spaced and cannot exceed two (2) typewritten pages. Additional information has been included in this packet.

Please **OMIT ALL IDENTIFIABLE INFORMATION** from your essay i.e. name, member's name, local union, city, or state. This is to ensure that all essays are judged equitably.

VI. Letter of Recommendation

Please **OMIT ALL IDENTIFIABLE INFORMATION** from your letter of recommendation i.e. name, member's name, local union, city, or state. This is to ensure that all letters are judged equitably.

VII. Definition(s)

1. **Member**: an active member in good standing of the OPCMIA Local 528 for the past 12 months.
2. **Dependent**: a natural child, stepchild, adopted child, or child for whom a member has legal guardianship, who is claimed as a dependent on the member's federal income tax return.
3. **Full-time Student**: One who is attending or will attend a college or university, and who maintains enrollment for the entire period of attendance in at least the minimum number of class hours per quarter or semester that the institution defines as constituting a "full-time" course load, or the minimum number of class hours that are necessary to enroll in to be considered a "full-time student" by that institution.

Check List

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you fully answered all the questions contained on the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you fully answered all the questions contained on the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you have been awarded an Equivalency Diploma or Certificate, have you attached a copy of this document to your application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you requested an official copy of your high school or college transcript in a sealed envelope from the appropriate school official? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you requested an official copy of your high school or college transcript in a sealed envelope from the appropriate school official? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you enclosed your essay along with your application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you enclosed your Letter of Recommendation? | <input type="checkbox"/> | <input type="checkbox"/> |

**Applications must be signed
or the applicant will be disqualified.**

PLEASE NOTE: *Those who received the scholarship awards are not eligible to apply for additional scholarships under this program.*

Statement of Terms and Conditions

Note: *The following statement must be signed by the applicant or the application will be invalid.*

I hereby indicate my understanding that the decisions of the Selection Panel in the selection of scholarship winners are final and binding on all applicants. I understand that the Fund reserves the right at any time and without giving any reason to terminate, cancel or end the program provided that scholarships or awards already granted and/or announced shall run to the end promised and publicly stated.

I agree that should I become a successful candidate for a Fund Scholarship, in the event I am awarded a scholarship, I shall comply with all the rules and regulations for such scholarship.

In the event I successfully compete for a Local 528 Scholarship Fund, In the event I am awarded a scholarship, I hereby give my permission to the Fund, and the OPCMIA Local 528 to publish the attached essay, with my name as was required for my scholarship application.

I state that all the information contained on the attached scholarship application is, to the best of my knowledge, true and correct. I acknowledge that if any of the information is found to be false and I am awarded a scholarship based upon such erroneous information, my scholarship is subject to immediate termination and all funds received to the date of termination shall be returned.

I hereby state and I have read the rules and regulations of the Local 528 Scholarship Fund and that I agree to abide by them in case I win an award. Moreover, I understand and agree that, if any of the Fund's rules and regulations are violated after the awarding of a scholarship, the scholarship shall be terminated, and all unused funds shall be returned.

Signature

Date

IMPORTANT NOTE:

Send this application form along with your transcript, essay, and letter of recommendation in a large envelope to:

**Local 528 Scholarship Fund
PO BOX 80462
Seattle, Washington 98108**

PLEASE NOTE: Dependents of Local Staff and are **not** eligible to apply. The Selection Panel reserves the right to request additional information on any applicant.