TO BE COMPLETED BY APPLICANT

Please attach to this application a **certified copy** of your **high school transcript** that includes senior year grades and academic percentile ranking. (See your school registrar for this information).

(Please Print) Use Black Ink or Type

1.	Applicant's Name						
2.	Applicant's Address	applicant's Address					
3.	City	St	tate	_Zip			
4.	Home Phone	Cell Ph	none				
5.	Date of Birth	Date of	Graduation				
6.	What activities have you participated in while in high school?						
7.	List any offices held or honors received in these activities.						
8.	List any academic honors that you have received.						
9.	List any universities or colleges you have applied for acceptance (please indicate if you have been accepted to attend).						
10.	List any supplementary infor organizations you have been		ips, awards, spec	=			

Date					Signature		
	ГО	BE	READ	and	SIGNED	BY	APPLICANT
I he	reby	indicate	my understa	nding tha	t the decision of the	e trustee	s of the AFSCME Local 1624
Scholarship fund in the selection of scholarship winners is final and binding on all applicants.							
I ur	iderst	and that	t the union res	serves the	eright at any time a	nd with	out 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 ag	ree th	nat shou	ld I become a	successf	ul candidate for AI	FSCME	Local 1624, I shall comply with
all the rules and regulations set down by the trustees for such scholarship.							
	In the event I successfully compete for the AFSCME Local 1624 scholarship, I hereby give my						
permission to AFSCME Local 1624 to publish my name, photograph and other personal information							
provided on the scholarship application.							
Date					Signature_		

TO BE COMPLETED BY AFSCME PARENT(S), LEGAL GUARDIAN OR FINANCIALLY RESPONSIBLE GRANDPARENT.

If both parents/legal guardians are AFSCME Local 1624 members, it is important to include this information for both.

(Please Print) Use Black Ink or Type

1.	NameDate or	f Birth				
2.	Home/Mailing Address					
3.	CitySta	ateZip				
4.	Home PhoneCell Phone					
5.	Check One: □ City □ County Department Name					
6.	Check One: ☐ Parent ☐ Legal Guardian ☐	Financially Responsible Grandparent				
7.	Member Commencement Date					
Date_	Signature					
1.	Name Date	of Birth				
2.	Home/Mailing Address					
	CitySta					
4.	Home PhoneCell Ph	one				
5.	Check One: ☐ City ☐ County Department Name					
6.	Check One: ☐ Parent ☐ Legal Guardian ☐	Financially Responsible Grandparent				
7.	Member Commencement Date					
Date_	Signature					

SCHOLARSHIP PROGRAM ~RULES and GUIDELINES~

Scholarships may be awarded to graduating high school Seniors of active AFSCME Local 1624 members enrolling in a University, College, Junior College or Trade School in the **2019 Fall semester**.

Of the scholarship awards granted, one will be reserved for applicants to an accredited trade school. If there are no trade school applicants, then it will be available for another University or College applicant.

Only one (1) applicant per family will be selected.

The scholarship will be payable to the awardees upon proof of enrollment in the fall semester of the year the award is granted.

Application deadline is **Friday**, **April 30th 2019**. Applications should be delivered to the AFSCME Local 1624 office located at 1812 Centre Creek, #310 Austin, TX 78754. Mailed applications **must be postmarked by April 30th 2019**.

AFSCME Scholarship Committee will review all applications and will conduct interviews of all eligible applicants in May 2019. Applicants must be present on this date for scheduled interviews. Applicants will be notified of the time and place of these interviews shortly after the April 30th deadline for submissions.

The AFSCME 1624 scholarship program is administered by AFSCME Local 1624 Scholarship Committee (herein referred to as the "Committee").

The Committee adopted a 100-point matrix to be used in the selection of scholarship awardees:

A maximum of 50 points may be awarded based on the applicant's parents' (or legal guardians) continuous AFSCME
membership. If both parents are AFSCME members, the longevity of both will be used in determining the points
awarded.

The longevity points will be calculated on the following basis:

< 6 months membership:</p>
6 mos-1 year membership:
1-3 years membership:
3-5 years membership:
5-7 years membership:
7-10 years membership:
10-12 years membership:
10-13 years membership:
10-14 years membership:
10-15 years membership:
10-16 years membership:
10-16 years membership:
10-17 years membership:
10-18 years membership:
10-19 years membership:
10-1

2. A maximum of 20 points may be awarded based upon the applicant's academic standing. The percentile ranking of these applicants as determined by the submitted high school transcripts will be used to determine the points awarded. They will be calculated on the following basis:

The percentile ranking percentage times the maximum points allowed (20). Example:

- 95th percentile = 95% x 20 = 19 points
 84th percentile = 84% x 20 = 16.8 points
- 40^{th} percentile = 40% x 20 = 8 points
- 3. A maximum of 30 points may be awarded by the Committee based upon a review of the applicant's high school activities, awards, honors, etc., as included on the application, as well as, on interview the Committee will conduct with each applicant.

The Committee shall make its recommendation for awards to the AFSCME Local 1624 Executive Board for final approval. The decision of the Executive Board is final.