## **AVUTA 2019 Scholarship Application Form**

AVUTA scholarships are available only to qualified dependents of AVUTA members. A qualified applicant must have graduated in the previous academic year **from an accredited high school where there is a CTA bargaining unit,** and then enroll in full-time post-secondary studies in the fall semester of 2019. <u>Dependents of teachers who are not AVUTA members are NOT ELIGIBLE for this award.</u> The award pool for the current year will be determined by our rep council. <u>The amount of money in the award pool will be divided equally among the number of eligible recipients</u>.

Qualified scholarship applicants will receive **AN E-MAIL** from AVUTA during the summer. The **E-MAIL** will outline the amount of the award, and how the recipient may receive the award. Note that you must provide proof of graduation from an accredited high school and proof of enrollment in an accredited post-secondary institution in order to receive the award. <u>Awards will be paid beginning in October 2019 and only if and</u> when you have properly completed all necessary paperwork. Note that ALL communication will be done solely by E-MAIL so it is your responsibility to give us a correct address and to check your <u>E-MAIL</u>.

Eligible recipients must fill out the form listed below on the AVUTA website between 3/1/19 and 3/31/19. Only electronic submissions will be allowed, no paper forms. http://www.avuta.us

2018-19 High School    2019 College/University    Full Mailing Address of Student    E-mail for Student    Home Phone Number    Name of Parent or Guardian (Must be an AVUTA Member)    Work Site of Parent/Guardian    Qualified Relationship (mark one with an "X") We reserve the right to ask for documented proof.	Name of Student Applicant	
Full Mailing Address of Student  Full Mailing Address of Student    E-mail for Student  Image: Comparison of the state of t	2018-19 High School	
Student  E-mail for Student    Home Phone Number  Image: Student of Student	2019 College/University	
Home Phone Number    Name of Parent or Guardian (Must be an AVUTA Member)    Work Site of Parent/Guardian    Qualified Relationship (mark one with an "X")    We reserve the right to ask for documented proof.   a) biological child of an AVUTA member	-	
Name of Parent or Guardian (Must be an AVUTA    Member)    Work Site of Parent/Guardian    Qualified Relationship (mark one with an "X")    We reserve the right to ask for documented proof.	E-mail for Student	
(Must be an AVUTA    Member)    Work Site of    Parent/Guardian    Qualified Relationship    (mark one with an "X")    We reserve the right to ask for    documented proof.	Home Phone Number	
Parent/Guardian    Qualified Relationship (mark one with an "X")    We reserve the right to ask for documented proof.    b) legally adopted child of an AVUTA member   c) legally dependent child of an AVUTA member	(Must be an AVUTA	
(mark one with an "X") a) biological child of an AVUTA member    We reserve the right to ask for documented proof. b) legally adopted child of an AVUTA member   c) legally dependent child of an AVUTA member		
	(mark one with an "X") We reserve the right to ask for documented proof.	b) legally adopted child of an AVUTA member
Parent Signature (AVUTA Member) Your signature indicates that all information is correct. 4/13	Your signature indicates that all information is correct.	

Email completed application to avuta.correspondingsecretary@gmail.com