#### 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		
3.	City	State	Zip
4.	Home Phone	Cell Phone	
5.	Date of Birth	Date of Graduation	. <u> </u>
6.	What activities have you participated in while in high school?		
7.	List any offices held or honor	rs received in these activities.	
8.		t you have received	
9.	List any universities or colleg accepted to attend).	ges you have applied for acceptance (	please indicate if you have been
10		mation (such as scholarships, awards active in).	

# Date Signature TO BE READ and SIGNED BY APPLICANT

I hereby indicate my understanding that the decision of the trustees of the AFSCME Local 1624 Scholarship fund in the selection of scholarship winners is final and binding on all applicants.

I understand that the union 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 AFSCME 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	of Birth		
2.	Home/Mailing Address			
3.	City	StateZip		
4.	Home PhoneCell I	Phone		
5.	. Check One:  City County Department Name			
6.	Check One:  Parent  Legal Guardian	□ Financially Responsible Grandparent		
7.	Member Commencement Date	_		
Date_	eSignature			
1.	Name Da	te of Birth		
2.	Home/Mailing Address			
	City			
4.	Home PhoneCell I	Phone		
5.	Check One:  City County Department Name			
6.	Check One:  Parent  Legal Guardian	□ Financially Responsible Grandparent		
7.	Member Commencement Date			
Date_	Signatu	re		

# 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 **2020 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 **Thursday**, **April 30<sup>th</sup> 2020**. 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 30<sup>th</sup> 2020**.

AFSCME Scholarship Committee will review all applications and will conduct interviews of all eligible applicants in May 2020. 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 30<sup>th</sup> 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:

1. 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:	0 points
6 mos-1 year membership:	5 points
1-3 years membership:	10 points
3-5 years membership:	15 points
5-7 years membership:	20 points
7-10 years membership:	25 points
10-12 years membership:	30 points
13-15 years membership:	35 points
15-18 years membership:	40 points
18-21 years membership:	45 points
21+ years membership:	50 points

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:

- $95^{\text{th}}$  percentile =  $95\% \times 20 = 19$  points
- $84^{\text{th}}$  percentile =  $84\% \times 20 = 16.8$  points
- $40^{\text{th}}$  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.