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					
6.	What activities have you participated in while in high school?						
7.	List any offices held or honors received in the						
8.	List any academic honors that you have received.						
9.	List any universities or colleges you have app accepted to attend).	lied for acceptance (pleas	e indicate if you have been				
10.	List any supplementary information (such as sorganizations you have been active in).						

]	Date	Signature					
	TC	BE	READ	and	SIGNED	BY	APPLICANT
	I hereb	y indicate	e my understar	nding tha	t the decision of the	e trustee	es 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							
term	ninate, cand	el or end	the program p	provided	that scholarships o	r awards	s already granted and/or
anno	ounced sha	ll run to 1	the end promis	ed and p	ublicly stated.		
	I agree	that shou	ıld I become a	successf	ul candidate for AF	SCME	Local 1624, I shall comply wit
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.							
prov	raca on th	e genorar	siiip appiieatio	11.			
]	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.	Name	Date of Birth					
2.	Home/Mailing Address						
3.	City	State	Zip				
4.	Home Phone	Cell Phone					
5.	Check One: □ City □ County Department Name						
6.	Check One: ☐ Parent ☐ Lega	al Guardian 🔲 Fina	ancially Responsible Grandparent				
7.	Member Commencement Date						
Date_	Signature						
1.	Name Date of Birth						
2.	Home/Mailing Address						
	City						
4.	Home PhoneCell Phone						
5.	Check One: ☐ City ☐ County Department Name						
6.	Check One: ☐ Parent ☐ Lega	al Guardian 🔲 Fina	ancially Responsible Grandparent				
7.	Member Commencement Date						
Data							

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 2021 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 2021. 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 2021.

AFSCME Scholarship Committee will review all applications and will conduct interviews of all eligible applicants in May 2021. 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: 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^{th} percentile = 95% x 20 = 19 points 84^{th} percentile = 84% x 20 = 16.8 points
- 40^{th} percentile = $40\% \times 20 = 8$ 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.