Laborers' Midwest Region Scholarship Fund Application Form 2016

1. Applicant Name:		First	Middle
2. Mailing Address:			
3. Contact Number: (H)		(C)	
4. Email address:		Phone AND Applicants Cell Pho	one
5. Date of Birth:			
6. Parent or Legal Guar	dian:	Name and relationship to app	licant
Address:Stree Contact Number:		Zip Code	State
7. Name of LiUNA Mem			Local Union:
8. Date of LiUNA memb	er death:	st Re	gion
9. Attending or Have At	tended: (wher	re/when needed for eac	h)
High SchoolC	ollegeVo	ocational-Technical	Training Institute
Name:	High School /	College / Vo-Tech / Training Institu	te
Years Attended	_		
Current Grade Point			
Selected for Enrollm			
			chnical School Year
2. List High School/Col	lege Activities,	Achievements or Spec	ial Recognitions Receive
			.

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13. Are you being considered for, or have you been awarded a Scholarship for the coming school year from any other agency, organization, or school. Yes No

Applicant criteria:

- A dependent(child or spouse) of a member, in good standing, of the Laborers International Union of North American (LIUNA) Midwest Region who has died or has been permanently disabled as a result of an on-the-job injury or illness
- A dependent who was chiefly dependent upon the LIUNA member
- A dependent who is under the age of 26 at the time of application
- A high school graduate or obtained a GED certification
- Been accepted into an accredited college, university or vocational-technical school or training institute
- Currently enrolled in an accredited college, university or vocational-technical school or training institution with a 2.5 (or greater) grade point average
- During enrollment, maintain a 2.5 (or greater) grade point average and be enrolled on a fulltime status (twelve or more credit hours).
- Registered to vote in the State of residence

I certify that	alli	nformation	provided	is	accurate	and	true	and	that	the	applicant	meets	the
application cr	iteria	a. Lundersta	nd that ar	ıy '	false infor	mati	on wi	ll inva	alidat	e my	application and a second	n.	

Signature of Applicant:		Date:			
Signature of Parent or Legal Guardian: _		4 4			
Date: Mid W/	est Ke				

The Following Supporting Documents Are Required (please attach to application):

- Official school transcript from the school you are currently attending. The transcript must be sent by the school and marked with the school's official stamp. If this is not possible, the transcript must be in an official school envelope that has been sealed by the school. Photocopies of your transcript are not acceptable.
- Certified Copy of Birth Certificate
- Proof of Voter Registration
- Admission Confirmation From Your College/University/Vocational School
- Tuition Statement and School Financial Services Contact Information
- Two Letters of Recommendation (from teachers, professors, guidance counselor, school advisor, clergy, mentor, Labor or Business leaders)
- Type Written Statement (300 words or more) addressing the following: "My goal in life is"

Note: The Laborers' Midwest Region Scholarship Award is made for one semester only, but is renewable each semester providing the recipient is in good academic standing and all required documents are forwarded to the Laborers' Midwest Region Scholarship Fund. The Award may be canceled at the end of one semester if the recipient is on academic probation at the end of the semester. The recipient must be a full time undergraduate student. The award does not exceed four years of funding. Currently, the funding is \$3000 per semester or \$6000 per year or a total of \$24,000 if renewed for all four years of undergraduate study. Each applicant must provide the Fund with his/her most recent address. Failure to provide the applicant's address or update a change of address may result in loss of an awarded scholarship