



SEIU District 1199 WV/KY/OH Scholarship Application

Section 1: Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Phone: _____ Email: _____

Relationship to Member: Self / Spouse / Life Partner / Legal Guardian / Child / Stepchild / Dependent

Section 2: Member Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Phone: _____ Email: _____

Name of Employer: _____ Worksite: _____

Section 3: Educational Information

Name of College, University or Trade School in which you are enrolled:

School Address: _____
Street Address

City State Zip Phone Number

Student ID #: _____ Major/Program: _____

I hereby apply for the SEIU 1199 WV/KY/OH Scholarship Program and agree to abide by the decision of the Executive Committee.

Signature: _____ Date: _____