

2017 MSEA/SEIU MEMBER (part time) SCHOLARSHIP APPLICATION

FULL NAME _____ HOME PHONE _____

MAILING ADDRESS _____ WORK PHONE _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

INDIVIDUAL YEARLY INCOME FROM ALL SOURCES _____

OCCUPATION _____

SPOUSE'S NAME (If applicable) _____ OCCUPATION _____

NAMES, AGES & RELATIONSHIP OF DEPENDENTS _____

YEARLY INCOME FROM ALL SOURCES _____

TO WHICH MSEA/SEIU CHAPTER/LOCAL DO YOU BELONG? _____

ARE YOU CURRENTLY ENROLLED, OR PLANNING TO ENROLL IN A POST HIGH SCHOOL EDUCATION PROGRAM? _____

ARE YOU ENROLLING FOR CONTINUING EDUCATION CREDITS? _____

NAME AND MAILING ADDRESS OF SCHOOL/COLLEGE _____

COURSE YOU ARE TAKING OR PLAN TO TAKE _____

LENGTH OF COURSE (years, months, etc.) _____

NO APPLICATION WILL BE CONSIDERED UNLESS ALL REQUIREMENTS ARE MET.

REQUIRED REFERENCES: Two references, i.e., one non-scholastic and one either scholastic or non-scholastic. Both must be from non-relatives.

PLEASE NOTE: It will be necessary for you to ask each of your references to send his/her letter of recommendation to the chairperson of the MSEA Scholarship Committee, Applications and accompanying data should also be mailed to the chairperson of the MSEA Scholarship Committee, 65 State Street, Augusta, ME 04330. ALL INFORMATION MUST BE RECEIVED NO LATER THAN APRIL 21, 2017.

**DEADLINE FOR RECEIVING COMPLETED APPLICATIONS AT MSEA-SEIU Local 1989 IS
APRIL 21, 2017.**