

Virginia Hickman Memorial Scholarship Application – Local 667

Eligibility requirements:

A. The applicant shall be the son, daughter, grandson or granddaughter of a parent, grandparent, or legal guardian who has been a member in good standing of the Northwest Arkansas Area Local for at least one (1) year.

B. If the member (parent, grandparent, or guardian) is deceased and was a member in good standing of Local667 for at least one (1) year prior to the time of his/her passing, the son, daughter, grandson, or granddaughter shall be eligible to apply.

C. The sponsoring employee (parent, grandparent, guardian) cannot have occupied, or applied for, a management position for at least one (1) year prior to application.

D. Applications for the scholarship must be made on the official application form and sent to: **Secretary-Treasurer of the Northwest Arkansas Area Local667 at PO Box 654 Fayetteville, AR 72702**, or handed to the Secretary-Treasurer in person. The Scholarship Committee will draw for the award. Applications may be submitted April 1 through June 30 of each year. Applications received after June 30th will not be accepted.

E. **Applicant must submit a transcript from his/her secondary school, college, or vocational school last attended as an attachment to the official application.**

F. Scholarship recipient must plan to attend an accredited college, university, or vocational institution of his or her choice. The scholarship must be used towards pursuing an undergrad/graduate degree or vocational certification. **The applicant must submit proof of application or acceptance at an accredited college, university, or vocational institution.** (When this is the same institution as the transcript submitted, the transcript shall be sufficient.)

Applicant Information

FULL NAME: _____

FULL ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

EMAIL: _____

Education Information

HIGH SCHOOL OR LAST SCHOOL ATTENDED: _____

EXPECTED GRADUATION DATE: _____

COLLEGE OR SCHOOL OF CHOICE (RECIPIENT OF FUNDS): _____

APWU Member Information

NAME: _____ RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

PHONE: _____ WORK LOCATION (POSTAL FACILITY): _____

EMAIL: _____ EIN# _____

SIGNATURE OF APPLICANT:

SIGNATURE OF APWU MEMBER:

(To be displayed on APWU bulletin board April - June. If you are using the only or last copy available in your facility, please make another copy for others)