

## Nellie Stone Johnson Scholarship

Labor & Education: Partners for the Future

## Application Form <u>Please answer all questions on this form</u>

## PERSONAL INFORMATION

Name:							
Last		First			Midd	Middle Initial	
Address:							
Address		Apt#		City	State	Zip	
Phone:			Email:				
SCHOOL INFOR	<u>MATION</u>						
School Attendi	Major:						
Date of Accept	ance:	_ Expecte	ed Gradu	ation Date:			
Check the boxe	es that apply:						
	<ul><li>Undergraduate</li></ul>				credits are you		
Select one:	☐ Full Time	☐ Part	Time	registered	for?		
Union Information							
Name of Union		_ Phone I					
Relationship of	applicant to union me	mber:					
Applicant is	☐ The member	□Spouse	<b>e</b> [	□ Dependen	t □ Gra	ndchild	
Name of Union	/Local:						
	must include copy of curetirement in good stand			=	union verifying		
<b>ETHNICITY</b>							
☐ Asian	· ·				Alaskan Native		
☐ Black/African American		☐ Chicano/a or Latino/a					
☐ Hispanio	j.		Native	Hawaiian a	nd Other Pacific	Islander	

FINANCIAL INFO	
List all scholarshi organization and a	ps, awards, grants or other sources of financial aid for the upcoming year. Include
organization and a	inount.
APPLICATION PA	<u>CKET</u>
My application p	packet includes
☐ Personal e	essay (signed and dated)
☐ Letter #1 o	of recommendation
☐ Letter #2 o	of recommendation
☐ Most recei	•
	ification (copy of union card or letter from representative)
☐ Completed	d application form
PRIVACY RELEAS	SE .
I give permission	n to the Scholarship Committee to:
☐ Yes ☐ No	Use my image/portions of my scholarship essay in promotional materials
☐ Yes ☐ No	Release information to Hometown newspaper(s).
Hometown new	spaper(s):
Names(s) to be i	included in publication (parent/guardian, etc.):
Applicant Signat	tureDate:
	ckets <b>MUST</b> include ALL requested information and <b>MUST</b> be postmarked by June 1 to be

Mail to:

The Nellie Stone Johnson Scholarship Committee P.O. Box 40309 St Paul, MN 55104 Phone: 651.738.1404

Toll Free: 1.866.738.5238