

The Jerry Beckendorf Community Service Scholarship

The Jerry Beckendorf Community Service Scholarship recognizes outstanding student volunteerism and encourages future generations of union advocates.

- Award Criteria:
- [1] Applicant must be a high school student in Pierce County, Washington.
 - [2] Parent(s) or legal guardian(s) must be a member of a labor union.
 - [3] Student must plan to attend college or university, community college or junior college, trade, or technical school in the fall of 2016.

Applicant's Last Name

Personal Information	Union Affiliation
<p>Name _____</p> <p>Home Address _____</p> <p>City, State _____ ZIP _____</p> <p>() _____</p> <p>Phone _____</p> <p>Date of Birth ____/____/____ <input type="radio"/> Male <input type="radio"/> Female</p> <p>High School _____ GPA: _____</p> <p>Signature _____</p>	<p>Who in your family is a Union member? Check all that apply.</p> <p><input type="radio"/> Father: Name _____</p> <p>Int'l Union _____</p> <p>Local # _____ Member Since _____</p> <p><input type="radio"/> Mother: Name _____</p> <p>Int'l Union _____</p> <p>Local # _____ Member Since _____</p> <p><input type="radio"/> Guardian: Name _____</p> <p>Int'l Union _____</p> <p>Local # _____ Member Since _____</p> <p><input type="radio"/> Send me e-mails about Pierce County Labor Agency:</p> <p>Email address _____</p>
<p>Racial/Ethnic Information (<i>Voluntary</i>)</p> <p><input type="radio"/> American Indian or Alaskan <input type="radio"/> Caucasian</p> <p><input type="radio"/> Asian or Pacific Islander <input type="radio"/> Hispanic</p> <p><input type="radio"/> African American <input type="radio"/> Multi-Racial</p>	<p>College you anticipate attending _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP _____</p>

Application Instructions & Checklist

Application Deadline: Postmarked by March 14, 2016

1. Application must be filled out by the applicant. Please type or print clearly.
2. All requirements must be met and all information must be completed in order to be considered.
3. Include one letter of recommendation from a teacher or other adult that speaks to your character and community service experience.
4. Attach an essay of no more than 500 words describing your most rewarding volunteer experience and how it has personally affected your life, and explain what you learned from your experience. **Applications without essays will not be considered; do not send essays separately.**
5. The union verification form must be completed and signed by an officer of the **member's local and submitted with the application. Applications without completed union verification form will not be considered; do not send union verification form separately.**
6. Retain a copy of the completed application for your files. Mail completed application to:

Jerry Beckendorf Community Service Scholarship Program
Attention: Amanda DeShazo, Community Labor Liaison
3049 South 36th Street, Suite #204
Tacoma, WA 98409



AFL-CIO Community Services and United Way Partnership

Union Membership Verification Form

This form must be completed by the parent or legal guardian of the applicant, verified by the union shop steward or local union representative, and submitted together with the application in order to qualify for the Jerry Beckendorf Community Service Scholarship. **The Scholarship Committee is not able to help in verifying your union membership. If you cannot obtain verification from your local union, please contact your international union.**

Name of Scholarship Applicant: _____
(Please type or print clearly)

Union Member Verification:

I, _____ verify that I have been a member in good standing of
(Name of union member)
_____ Local# _____ since _____
(Name of union)

(Signature of Union member) (Date)

Shop Steward or Local Union Representative Verification:

Attention Shop Steward or Local Union Representative:

This form is a required part of the Jerry Beckendorf Community Service Scholarship application package. Please complete it promptly and return it to the applicant for submission. **Applications without this completed form will not be considered.**

I verify that the above information is true and complete to the best of my knowledge.

(Signature of shop steward or Local Union representative) (Date)

(Print name of shop steward or Local Union representative) (Day time phone number)

(Name of Local Union President) (Day time phone number of Union)

(Address of Local Union)

(City) (State) (ZIP Code)