



AFSCME COUNCIL 65, AFL-CIO

## **AL CHURCH SCHOLARSHIP APPLICATION**

**SUBMISSION DEADLINE: April 15, 2024**

*The Al Church Scholarship was established by the AFSCME Council 65 Executive Board in 1985 to help support union members' families in funding their education. The scholarship honors Al Church who was the founder and first director of Council 65. Dependents of members in good standing of Council 65 who are or will be attending a post-secondary educational institution in the State of Minnesota or a state that has a reciprocity agreement with the State of Minnesota are eligible to apply. Dependents mean Council 65 members' children or grandchildren or grandchildren of a dues-paying members of the Council 65 Retiree Chapter.*

### **APPLICANT:**

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Address City State Zip

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

### **AFSCME COUNCIL 65 LOCAL UNION AFFILIATION:**

Parent/Grandparent/Guardian Name: \_\_\_\_\_  
(AFSCME Council 65 member or Council 65 Retiree Chapter member)

Home Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local Union #: \_\_\_\_\_

Local Union Name (Employer): \_\_\_\_\_

**OVER**

**TO BE COMPLETED BY APPLICANT:**

Age Last Birthday: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Which college, university, vocational, technical or trade school in the State of Minnesota or state that has a reciprocity agreement with the State of Minnesota **(a scholarship prerequisite)** are you attending or plan to attend?

\_\_\_\_\_

What is your post-secondary educational objective?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY A LOCAL UNION OFFICER:**

***(This section must be completed before submission in order for your application to be considered.)***

I certify that \_\_\_\_\_ is a member in good standing of

Local \_\_\_\_\_, \_\_\_\_\_  
# Local Union Name (Employer)

Local Union Officer: \_\_\_\_\_  
Name Officer Position

Local Union Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATIONS BY MAIL OR EMAIL TO:**

AFSCME COUNCIL 65  
ATTN: AL CHURCH SCHOLARSHIP COMMITTEE  
3335 W ST GERMAIN ST, STE 107  
ST. CLOUD, MN 56301

[info@afscme65.org](mailto:info@afscme65.org)

**APPLICATIONS DUE BY APRIL 15, 2024**