



Maricopa Area Labor Federation 2012 Andy Ward Memorial Scholarship Information Sheet

There will be four scholarships awarded – (1) \$2,000 – (1) \$1,000 – (2) \$500

Eligibility Criteria: Eligible applicants must be a *union member* or a *dependent of a union member* in good standing affiliated with the Maricopa Area Labor Federation who will be pursuing post secondary education in 2011 or participating in a certified apprenticeship program.

It is understood that the successful applicant must submit a letter of acceptance or similar documentation from the school or apprenticeship they plan to attend or are attending.

Previous winners are not eligible.

Applicants will be asked to write and submit a 750 – 1,000 word research paper on the following topic:

How do we improve the public image of unions in order to attract young workers?

Applicants may use any source available to them for this paper, but this paper must be their own work and should be in a standard research paper style. Grammar, sentence structure, punctuation and spelling will also be factors in the evaluation of each paper.

The submitted copy should be typed and double-spaced. The applicant must submit a cover letter that identifies the applicant with the research paper. **Do NOT put your name, address or union affiliation on your completed research paper.**

The submission deadline for applications and papers is 5:00 pm June 1st, 2012

Awards will be given at the June 27th M.A.L.F. meeting.

There will be no exceptions to this deadline. Applications and papers can be submitted via mail, email or fax to:

Judy Brown
Field Director
Maricopa Area Labor Federation
3117 North 16th Street, Suite 200
Phoenix, AZ 85016
jbrown@azafclio.org
Fax #: 602-631-4490



Maricopa Area Labor Federation
Andy Ward Memorial Scholarship
2012 Application

PLEASE PRINT

Applicant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ High School: _____

Year of Graduation: _____ Year planning to start post secondary education: _____

Options for program type: Certified Apprenticeship Program, Full-time, Part-time

Course of study that you plan to pursue: _____

PARENT, GUARDIAN OR MEMBER MUST COMPLETE THIS SECTION

PLEASE PRINT

Name of Parent/Guardian/Member: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Union Affiliation: _____ How Long: _____

Occupation: _____ Employer: _____

We, the undersigned, certify that the above information is true and correct to the best of our knowledge.

Parent/Member's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Please Note: All information contained herein will be held in confidence by the Maricopa Area Labor Federation Education Committee and will not be discussed outside of regular committee meetings without written consent of all parties.

