



Local One Health Care Fund



2018

**COLLEGE
SCHOLARSHIP
APPLICATION**

(Deadline March 1, 2018)

Dear Applicant:

Follow all directions carefully in order to have your application processed by our office. Submit the completed application and required documents electronically in the appropriate "Drop Box" or by mail and postmarked on or before the posted due date. Failure to do so will impede the process, and may result in denying your application.

ELIGIBILITY Applicant must...

1. Be an active member who meets the requirements for eligibility for Scholarship benefits under the UFCW Local One Health Care Fund OR be an eligible dependent/spouse/grandchild of an active member.
2. Enroll in an accredited College, Trade School or Graduate School.
3. Termination of Scholarship Based on Lack of Integrity - If you are awarded a scholarship under the Fund, your right to retain that scholarship is conditioned on your honesty and integrity. Thus, if you reveal, through objective actions, a lack of honesty or integrity, your scholarship award may be terminated. The following are examples of actions that the Fund feels indicate lack of integrity and honesty, but these are not the only actions that could indicate a lack of integrity or honesty: conviction of a crime; termination from any employment or volunteer position for cause; and formal discipline by an educational institution for cheating or plagiarism. If you become the subject of any of these actions or other similar actions, you must notify the Fund immediately. If you fail to notify the Fund, you will be obligated to reimburse the Fund for the full value of the scholarship benefits paid on your behalf.
4. Check list of eligible participating Employers on Scholarship Page.

IMPORTANT NOTES/RULES:

1. Only an Official Transcript will be accepted.
2. If your application is returned after the deadline (**March 1, 2018**) it will not be accepted or processed.
3. If you are awarded a scholarship and do not attend school for the Fall or Spring semester it is intended for, you forfeit the award and must re-apply. This award may not be used for any prior amount due.
4. A Scholarship Evaluator reviews a portion of your application and adheres to the established Criteria. This award is ***competitive*** and should not be considered a benefit of union affiliation. **You will not be eligible for this scholarship if you receive a scholarship from any of our participating employers.**
5. If you are not selected as a scholarship recipient, you have the right to appeal the decision.
6. This award is renewable but not automatic. You are entitled to four (4) scholarships, six (6) if you are a Pharmacy student. However, you must apply each year and complete the application.
7. Timeliness- you will receive 1 point if your application is postmarked by March 1st. Any extension *will not be afforded the point* but will be considered for extenuating circumstances only.
8. School & Community Activities will be considered for the prior year (2017) only if written verification is provided on the form provided. (See form on scholarship page)
9. Certified Trade School Applicants must submit their application and identify the school and accreditation information for their program.
10. The applicant is now able to score a portion of his/her application through our new grading process (POINT SYSTEM). The student can score GPA, School & Community Activities and Timeliness. Financial Hardship & Special Circumstances will be reviewed by the Fund Office. The Essay will be reviewed by the Application Evaluator and graded accordingly. "See form on scholarship page"
11. We strongly recommend you contact our office before the due date, should any problems arise. We cannot be responsible for a lost application.
12. Referred point system posted on application.

If you have questions or would like additional information on the UFCW Scholarship Program, please call 1-800-697-8329, Ext. 6

or log onto <http://ufcwonebreakroom.whiphealth.com/2644/college-scholarships.aspx> or www.ufcwone.org

IMPORTANT:
INSTRUCTIONS TO
COMPLETE YOUR APPLICATION

High School Seniors & College Students

- A current **Official Transcript** with recent grades is required. **Faxes will not be accepted.**
- **HIGH SCHOOL SENIORS** - One **350 to 450** word typed **ESSAY** *“Reflect on your engagement with the community you belong to. How do you feel you have contributed to this community? What have you learned from being a member of your community and what do you enjoy most about learning?”*
- **COLLEGE STUDENTS** - One **500 to 650** word typed **ESSAY** *“Write about a book you read that was significant to you. How did this Author impact your style of reading?”*
- Any school and/or community activities, awards, honors you have participated or received in the prior year (2017). Contact information of verification of said activities/volunteer work, must be provided. **(See activities/cirumstance form on scholarship page)**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(See activities/cirumstance form on scholarship page)**
- *Proceed to the following page to complete your Application - submit your items to appropriate drop box or by mail.*

Graduate Students

- An **Official Transcript** including recent grades from your last semester of attendance is required. A copy, Fax or unofficial transcript will not be accepted.
- One letter of recommendation from your professor/or advisor.
- Copy of your course requirements for your graduate program.
- Proof of courses you are now taking and the name of your program.
- If an internship has been completed within the last year, a letter of recomendation from the supervisor of the internship program.
- One **500 to 650** word typed **ESSAY** *“Write about a book you read that was significant to you. How did this Author impact your style of reading?”*
- Any school and/or community activities, awards, honors you have participated or received in the prior year (2017). Written verification of said activities/volunteer work, must be provided. **(See activities/cirumstance form on scholarship page)**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(See activities/cirumstance form on scholarship page)**
- *Proceed to the following page to complete your Application - submit your items to appropriate drop box or by mail.*

Non-Traditional Students

If you are a High School Graduate, received your GED or attended college and have been out for 2 years or longer and will be attending an accredited institution, the following is required:

- If you have attended high school/college within the last 10 years, please enclose a copy of your transcript from your last date of attendance with this application. If it has been longer than 10 years, you may disregard this request. If applicable, enclose a copy of your GED certificate.
- One letter from an employer either past or present, recommending you for the 2018 UFCW Local One Health Care Fund Scholarship.
- One letter of recommendation, excluding family members.
- One **500 to 650** word typed **ESSAY**. *“Write about a book you read that was significant to you. How did this Author impact your style of reading?”*
- Any school and/or community activities, awards, honors you have participated or received in the prior year (2017). Written verification of said activities/volunteer work, must be provided. **(See activities/cirumstance form on scholarship page)**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(See activities/cirumstance form on scholarship page)**
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CRITERIA/POINT SYSTEM

The UFCW Local One Health Care Fund's Board of Trustees has defined criteria as: Student Cumulative Grade Point Average (GPA); Timeliness; Essay Content; School & Community Activities; and Financial Hardship/Special Circumstances.

HIGH SCHOOL STUDENTS	
A+ (95-100+)	=6 points
A (90-94)	=5 points
B (80-89)	=4 points
C (70-79)	=3 points
D (65-69)	=2 points
F (64 or lower)	=0 points
School Activities *	=.25 points
Community Activities *	=.25 points
Essay **	=1 to 8 points
Financial Hardship ***	=1 point
Special Circumstances ***	=1 point
Timeliness (March 1, 2018)	=1 point

COLLEGE/GRADUATE STUDENTS	
4.0	=7 points
3.5 to 3.9	=6 points
3.0 to 3.4	=5 points
2.5 to 2.9	=4 points
2.0 to 2.4	=3 points
1.9 (or lower)	=0 points
School Activities *	=.50 points
Community Activities *	=.50 points
Essay **	=1 to 10 points
Financial Hardship ***	=1 point
Special Circumstances ***	=1 point
Timeliness (March 1, 2018)	=1 point

NON-TRADITIONAL STUDENTS	
GED	=1 point
Employee Letter	=1 point
Reference Letter	=1 point
Essay **	=1 to 8 points
Financial Hardship ***	=1 point
Special Circumstances ***	=1 point
Timeliness (March 1, 2018)	=1 point

* Activities credited up to a maximum of 4 points
 ** To be determined by Application Evaluator
 *** To be determined by Fund Office

Complete the application below and submit online at: <http://ufcwonebreakroom.whiphealth.com/26rr/college-scholarships.aspx>

STUDENT/SCHOOL INFORMATION

(Please check the appropriate box below that applies to you status)

I am a **Senior in High School** and expect to graduate

MO YR

I am a **College Student** and expect to graduate

MO YR

I am a **Graduate Student** and expect to graduate

MO YR

I am a **Non-Traditional Student** & expect to graduate

MO YR

- » Year in which you will be enrolled for the Fall 2018: (check one) UNDERGRADUATE LEVEL GRADUATE LEVEL NON-TRADITIONAL
- » College Term (**check one**) FOUR YEAR TWO YEAR (Community/Junior College) OTHER
- » Enrollment: (**check one**) FULL -TIME PART-TIME (Minimum 6 hours required for part-time) Number of Courses per term:

THIS PORTION FOR HIGH SCHOOL STUDENTS ONLY

High School Name: _____
 High School Counselor: _____ High School Phone: (_____) _____ - _____
 High School Address: _____ City/St/Zip: _____

ALL STUDENTS INFORMATION REQUIRED

College Major: _____ Student ID# _____
 College/University Name: (Already attending or plan to attend in the Fall; including Graduate School/Accredited Institution) _____
 College Address: _____ City/St/Zip: _____
 College Phone: (_____) _____ - _____

APPLICANT/MEMBER INFORMATION

APPLICANT DATA: (If applicant and member are the same, complete the MEMBER information only)

Print Name: _____ Last 4 SS# _____
 EMAIL: _____ Applicant relationship to member: _____
 Address: _____ City/St/Zip: _____
 Phone: (_____) _____ Date of Birth: _____ / _____ / _____

MEMBER DATA: (If applicant and member are the same, complete the MEMBER information only)

Print Name: _____ Last 4 SS# _____
 EMAIL: _____
 Address: _____ City/St/Zip: _____
 Phone: (_____) _____ Date of Birth: _____ / _____ / _____

I, the undersigned, certify that all the information I have included in with my application is true. I have read and understand the information.

Applicant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SAVE A COPY OF THIS DOCUMENT FOR YOUR FILES - SUBMIT ELECTRONICALLY THROUGH THE DROP BOX

TO RETURN BY MAIL, COMPLETE AND SEND TO: : UFCW Scholarship Program, 5911 Airport Road, Oriskany, NY 13424