



Local One Health Care Fund



2017

**COLLEGE
SCHOLARSHIP
APPLICATION**

(Deadline March 1, 2017)

Dear Applicant:

Follow directions carefully to insure timely processing. Failure to do so impedes the process and may result in denying your application. Submit your completed application and required documents electronically in the appropriate "Drop Box" or mail; postmarked prior to the stated deadline.

NOTE: Complete and SAVE web applications to your computer before placing a copy in the Drop Box.

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, 2017**) 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, adhering 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 (2016) only if contact information to verify participation is provided on the Activities/Circumstance Form (refer to the scholarship page).
9. Certified Trade School Applicants must submit an application with a brief statement which identifies their school and provides the accreditation information related to their program.
10. Applicants are now able to score a portion of their application through our new grading process (POINT SYSTEM). Students can score GPA, School & Community Activities and Timeliness. Financial Hardship & Special Circumstances will be reviewed by the Fund Office. Essays are reviewed by an Application Evaluator and graded accordingly.
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. See Criteria/Point System details as posted on the 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** *"Discuss some issue of Personal, Local, National or International concerns and its importance to you and how this affects the American Economy?"*
- **COLLEGE STUDENTS** - One **500 to 650** word typed **ESSAY** *"The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from your experience."*
- List your school and/or community activities, including awards and honors you received in the prior year (2016). Contact information to verify participation must be provided. **(Use the Activities/Circumstance Form on the scholarship page.**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(Use the Activities/Circumstance 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 recommendation from the supervisor of the internship program. (Submit the above items to the **Transcript & Recommendations" Drop Box or by mail**)
- One **500 to 650** word typed **ESSAY** *"The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from your experience."*
- List your school and/or community activities, including awards and honors you received in the prior year (2016). Contact information to verify participation must be provided. **(Use the Activities/Circumstance Form on scholarship page)**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(Use the Activities/Circumstance 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 attended high school/college within the last 10 years, enclose a copy of your **Transcript** from your last school of attendance. If it has been longer than 10 years, disregard this request. If applicable, enclose a copy of your GED certificate.
- One letter from a past or present employer, recommending you for the 2017 UFCW Local One Health Care Fund Scholarship.
- One letter of recommendation, excluding family members. **(Submit the above items to the Transcript & Recommendations Drop Box or by mail)**
- One **500 to 650** word typed **ESSAY**. *"The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from your experience.""*
- List your school and/or community activities, including awards, honors you received in the prior year (2016). Contact information to verify participation must be provided. **(Use the Activities/Circumstance Form on scholarship page)**
- Financial Hardship/Unusual Circumstances - Report any unusual family, personal or financial hardship. **(Use the Activities/Circumstance Form on scholarship page)**
- **Proceed to the following page to complete your Application - submit your items to appropriate drop box or by mail.**

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, 2017)	=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, 2017)	=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, 2017)	=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/2644/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 2017: **(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: (Now attending or plan to attend in the Fall; including Graduate School/Accredited Institution) _____
 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: _____ 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: _____ SS# _____
 EMAIL: _____
 Address: _____ City/St/Zip: _____
 Phone: (_____) _____ Date of Birth: _____

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

Applicant Certifies: _____ Date: _____
 Member Certifies _____ 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