AMERICAN POSTAL WORKERS UNION OF MAINE, AFL-CIO

2025 SCHOLARSHIP FUND APPLICATION

Name_____

Home Address_____

Telephone_____ _____

Date of Birth_____

I will graduate/have graduated from_____(High School)

located in_____(City, State, ZIP) on _____(Date)

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Name of parent affiliated with the APWU of Maine_____

Name of parent's APWU Local/State affiliate_____

Parent is/was employed at which USPS facility?_____

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I assert that I qualify for the APWU of Maine annual Scholarship and that my father/mother is/was a member in good standing of the APWU. The information provided is true and accurate and I enclose all necessary information to qualify for consideration for this scholarship.

_____
Signature of Applicant

Signed application including required essay and signed Rules & Guidelines should be submitted to the APWU of Maine, Attn: Secretary, PO Box 1, Gardiner, ME 04345. Application must be received by deadline for consideration.

Secretary certifies that applicable parent is/was a member in good standing for the past twelve months and application meets criterion for consideration.

_____
Signature/Date