

## 2017 GEORGE C. SPRINGER SCHOLARSHIP PROGRAM

The George C Springer Scholarship is reserved for AFT Connecticut **members**. Candidates are selected based on academic promise and financial need, among other criteria. The applicant must be an *AFT Connecticut* member in good standing.

Applicant Name
Local Name and Number:
How long have you been a member?
Verification of Membership (form must be signed by an officer of the AFT Connecticut local)
Local Officer Signature
Local Officer Title
Applications <u>postmarked no later than April 1, 2017</u> should be completed and returned to: <b>AFT CONNECTICUT - SCHOLARSHIP PROGRAM, 35 Marshall Road, Rocky Hill, Connecticut 06067</b>
All information requested must be provided, <b>including financial statements that verify income</b> . Incomplete applications will be returned and applicant is responsible for corrected return prior to the deadline.
BEFORE MAILING YOUR APPLICATION  Check to make sure the application is completely filled out.  Be sure to have membership verified by a local officer.  Sign the form certifying information provided is true and correct.  Be sure to enclose copies of 1040 forms to verify household income. (Please redact social security numbers.)  Be sure to include Personal Information summary, recommendation letters, essay, and any other information you believe will assist the committee's deliberations.

## **George C. Springer Scholarship** -(For AFT Connecticut Members) **APPLICANT DATA (please print)**

Last/First/MI			
Street Address	City	State_	_Zip Code
Telephone	Email		
	☐ Male	☐ Female	
Current Employment:			
<ul> <li>include the area of stude supplies, etc., and the for coursework.</li> <li>On separate sheet, pleasunion activities; and/or</li> <li>On separate sheet, pleasunion separate sheet, pleasunion separate sheet, pleasunions.</li> </ul>	dy you intend to p college or universi ase tell us about y any awards or ho ase write an essay	ity to which you've a cour involvement in conors you have receive of no more than 350 mily experience different	) words answering the from your non-union family
	I hereby certif	y that all information provided ir	n this application is true and correct.
	Signature of Appl	licant	 Date

Please complete and return to: AFT CONNECTICUT - SCHOLARSHIP PROGRAM, 35 Marshall Road, Rocky Hill, CT 06067 postmarked no later than April 1, 2017.

