



Completed Applications should be sent by **April 1, 2025**.

**EMAILED:** [scholarships@aftct.org](mailto:scholarships@aftct.org)

**OR**

**MAILED:** AFT CONNECTICUT  
SCHOLARSHIP PROGRAM  
35 Marshall Road,  
Rocky Hill, CT 06067

# 2025 AFT CT Sharon M. Palmer Scholarship

AFT Connecticut annually awards scholarships based on academic promise and financial need, among other criteria. Persons eligible to apply for the scholarship are members' spouses or domestic partners, and children of members. Grandchildren of AFT Connecticut members shall be considered eligible if they are legal dependents and/or the grandparents are financially responsible for the child. The AFT Connecticut member upon whom the applicant bases their eligibility must be a member of an AFT Connecticut Local in good standing.

Please check which division the sponsoring member belongs to:

- Public Employees     Healthcare     Prek-12     PSRP     Higher Education

**Applicant Name** \_\_\_\_\_

Name of AFT Connecticut Member Sponsoring Application: \_\_\_\_\_

**Relationship to Applicant**     Parent     Spouse/Domestic Partner     Legal Guardian

Local Name and Number: \_\_\_\_\_

**Verification of Membership** *(form must be signed by an officer of the AFT Connecticut Local)*

Local Officer Signature \_\_\_\_\_

**Most recent grade transcripts must be included, and all information requested must be provided, including financial statements that verify income.** (Separate sheets may be attached if necessary.) Incomplete applications will be returned, and the applicant is responsible for making corrections and returning the application prior to the deadline.

**PLEASE NOTE:** If you are currently a high school student, you MUST INCLUDE HIGH SCHOOL TRANSCRIPTS.

### BEFORE MAILING YOUR APPLICATION

- Check to make sure the application is completely filled out.
- Be sure to have membership verified by a local officer.
- Be sure to sign the Authorization for Release of Information.
- Be sure the Secondary School Report is signed by a school official. *(high school students only)*
- Sign the form certifying information provided is true and correct.
- Be sure to enclose copies of the 1040 form pages 1 & 2 to verify family income. **(Please redact social security numbers)**
- Be sure to include personal information summary, recommendation letters, and essay. (Other information you believe will assist the committee's deliberations may also be included.)

**AFT CT Sharon M. Palmer Scholarship – (For AFT Connecticut member’s spouse/partner/dependent)  
**APPLICANT DATA (please print)****

Last/First/MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

- A high school senior                       Planning to enroll in college                       Already in college (year: \_\_\_\_\_)

**FAMILY DATA** *(Be sure to include copies of 1040 Form pages 1 & 2) to be completed by children of members*

Parent’s Name \_\_\_\_\_ Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Parent’s Name \_\_\_\_\_ Employer \_\_\_\_\_ Annual Income \_\_\_\_\_

Name(s) & Age(s) of siblings and schools they attend

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECONDARY SCHOOL Attended:** \_\_\_\_\_ Location \_\_\_\_\_ Year of high school graduation \_\_\_\_\_

**LIST COLLEGES TO WHICH YOU HAVE APPLIED:**

SCHOOL	ESTIMATED EXPENSES			
	Tuition	Room & Board	Books & Supplies	Other

**AREA OF STUDY YOU PLAN TO SPECIALIZE IN COLLEGE:** \_\_\_\_\_

- **On separate sheet(s), please tell us about your school-related, volunteer, or community activities; any honors or awards you’ve received and the school year when earned; and your work experience (including employer, nature of work, dates employed, and average hours worked).**
- **On separate sheet, please write an essay of no more than 350 words answering the following:**

*“How does being in a union benefit workers?”*

- **Please attach two (2) letters of recommendation, one of which must be from a teacher.**

I hereby certify that all information provided in this application is true and correct.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**\*\*\* PLEASE BE SURE APPLICANT'S TRANSCRIPTS ARE ENCLOSED \*\*\***

## SECONDARY SCHOOL REPORT

### Authorization for Release of Information

*Under the Family Educational Rights and Privacy Act of 1974, a school must have signed authorization before releasing information about a student. Both student and parent or legal guardian should sign and date this authorization.*

*Permission is hereby given to school officials to release the secondary school and other requested information to the AFT Connecticut 2025 Scholarship Program for consideration for possible financial aid.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTE TO SECONDARY SCHOOL PRINCIPAL/GUIDANCE COUNSELOR

The above student is applying for a scholarship through the 2025 AFT Connecticut Scholarship Program. We ask your cooperation in completing this Secondary School Report. Please complete the following section as accurately as possible. Sections left incomplete will limit the AFT Connecticut Scholarship Committee's ability to adequately evaluate the applicant.

### APPLICANT ACADEMIC INFORMATION SURVEY

Date of applicant's graduation: \_\_\_\_\_

Number of years applicant attended this high school: \_\_\_\_\_

Grade point average at the end of the last academic year: \_\_\_\_\_

Applicant ranked \_\_\_\_\_ in a class of \_\_\_\_\_

### APPLICANT TESTING

#### AMERICAN COLLEGE TEST (A.C.T.) SCORES

Date tested \_\_\_\_\_

English \_\_\_\_\_

Math \_\_\_\_\_

Composite \_\_\_\_\_

#### SCHOLASTIC APTITUDE TEST (S.A.T.) SCORES

Date tested \_\_\_\_\_

Verbal \_\_\_\_\_

Math \_\_\_\_\_

**This information is to the best of my knowledge true and accurate based on facts found in the official record. Additional comments may be provided to the AFT Connecticut 2024 Scholarship Committee in an accompanying letter typed on school letterhead.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to by **April 1, 2025** (postmarked):

**EMAILED:** [scholarships@aftct.org](mailto:scholarships@aftct.org)

**OR**

**MAILED:** AFT CONNECTICUT - SCHOLARSHIP PROGRAM

35 Marshall Road, Rocky Hill, CT 06067