

**Applicant Name** 

Completed Applications should be sent by

**April 1, 2025** 

**EMAILED:** scholarships@aftct.org

<u>OR</u>

**MAILED:** AFT CONNECTICUT -

SCHOLARSHIP PROGRAM 35 Marshall Road, Rocky Hill, CT 06067

## 2025 AFT CT GEORGE C. SPRINGER SCHOLARSHIP

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.

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Lo	ocal Name and Number:
Н	ow long have you been a member?
V	erification of Membership (form must be signed by an officer of the AFT Connecticut Local)
Lo	ocal Officer Signature
Lo	ocal Officer Title
	information requested must be provided, <b>including financial statements that verify income</b> . Incomplete applications will returned, and the applicant is responsible for making corrections and returning the application prior to the deadline.
000	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 form pages 1 & 2 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 <u>Members</u>) **APPLICANT DATA (please print)**

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