

SEIU HEALTHCARE MINNESOTA
Got Your Back
SCHOLARSHIP PROGRAM
MEMBER APPLICATION FORM (\$1,500)
(Please type or print clearly)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Work) _____ (Home) _____
SSN _____ Employed by _____

Please indicate how and where you would plan to use this scholarship. List the intended post-secondary institution and your educational goals. This is used for informational purposes only and does not affect eligibility. Winners are selected by lot. No academic performance standards or records required for eligibility.

How did you hear about this scholarship?

SEIU Healthcare Minnesota is trying to make higher education more affordable for all our members. We do this through lobbying for lower tuition at the legislature, by negotiating for tuition reimbursement benefits in our contracts and by providing scholarships. Our chances of winning improve when our members participate. Would you be comfortable doing any of the following activities? (circle all that apply)

- a. Sign a petition
- b. Write a personal letter to my state representative
- c. Tell your story at a legislative hearing
- d. Attend a rally
- e. Work with my negotiating committee to improve our tuition benefit
- f. Other (please describe)

I certify that the information contained in this application is true and that I have been a SEIU Healthcare Minnesota member in good standing for one year or more as of March 31st of this year and that as of March 31st of the current year I am under 30 years of age.

Member's Signature Date

Submit form to: Scholarship Department, SEIU Healthcare Minnesota, 345 Randolph Ave, Suite 100, St. Paul, MN 55102-3610 **OR** fax to 651-294-8200, attention Scholarship Department.

Winners must use scholarship within one year of drawing date.

Awards will be made payable jointly to the winners and the educational institution as indicated.