

# **SEIU Healthcare Minnesota Scholarship Program**

## **AWARDS:**

SEIU Healthcare Minnesota offers five annual scholarship opportunities for use at any accredited post-secondary institution. One \$1,500 scholarship goes to further the education of a SEIU Healthcare MN member; two scholarships (\$1,500 each) go to further the education of a son or daughter of a member; and two scholarships of \$1500 go to further the education of younger (30 years old or less) SEIU Healthcare MN members. Awards will be made payable jointly to the winners and the educational institution as indicated. Please read descriptions below to see if you are eligible.

## **ELIGIBILITY:**

Applicants must be members in good standing or the child of a member in good standing. (The length of membership criteria varies among scholarships, so double check to make sure you qualify!) No academic performance standards or records required for eligibility. Please submit only one application per person. Duplicate entries will be disqualified. Applicants are not eligible to win multiple awards in any one given year. Applicant (or his/her parent) must be an active member at the time that winners are announced in April of the current year.

## **SELECTION PROCESS:**

Winners are to be selected by lottery at the April SEIU Healthcare MN Executive Board meeting. Applicants will be notified OF THE RESULTS by mail.

## **HOW TO APPLY:**

Complete and submit application form to SEIU Healthcare Minnesota, Scholarship Department, 345 Randolph Ave, Suite 100, St. Paul, MN 55102 or email to [mac@seiuhealthcaremn.org](mailto:mac@seiuhealthcaremn.org).

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 31 OF THE CURRENT YEAR.**

*The Officers, Executive Board members, and staff of SEIU Healthcare MN are not eligible.*

**SEIU HEALTHCARE MINNESOTA  
SCHOLARSHIP PROGRAM**

**CECELIA RAZOOK MEMORIAL SCHOLARSHIP FORM (\$1,500)**  
(Please type or print clearly)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Age \_\_\_\_\_

Name of Member \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Member's SSN \_\_\_\_\_ Member's Employer \_\_\_\_\_

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.

---



---



---



---



---



---



---



---

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 three continuous years or more as of March 31<sup>st</sup> of this year.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date