



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.

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How did you hear about this scholarship?

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I certify that the information contained in this application is true and that I am a SEIU Healthcare Minnesota member in good standing as of the time of the scholarship drawing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Submission

- Mail: SEIU Healthcare Minnesota, Attention: Scholarship Fund  
345 Randolph Ave, Suite 100, St. Paul, MN 55102-3610
- Email: [mac@seiuhcmn.org](mailto:mac@seiuhcmn.org), Subject: Scholarship Fund
- Fax: 651-294-8200, Attention: Scholarship Fund.

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.