



Got Your Back  
Scholarship Fund

# SEIU HEALTHCARE MINNESOTA SCHOLARSHIP PROGRAM APPLICATION FORM (Please type or print clearly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Last 4 SSN \_\_\_\_\_ Employed by \_\_\_\_\_

Please complete a 500 word essay on the following topic: "How does the decline of union membership affect Workers' Rights?"

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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 and I am under 30 years of age.

\_\_\_\_\_  
Member'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.