TO BE COMPLETED BY APPLICANT

(Please print in black ink or type	e)			
Applicant's Name:				
Address:				
City:		State	ZIP	_
Phone ()				
Date of Birth	Graduation Da	ate 20		
Essay Prompt: How has the labor	movement, specifically AF	SCME, positively impacted	you and your family	?
Signature			Date	
All essays written as part of the S	Scholarship application pro	ocess become the property	of AFSCME New Jers	sey Council 63. AFSCME New
Jersey Council 63 retains the right	to reprint some or all of t	the winning essays on the	AFSCME New Jersey C	Council 63 website or in other
union publications and to identify	the authors of the winnin	g essays. AFSCME New jer	sey Council 63 also r	eserves the right to reprint,
describe or excerpt these essays in	other publications or to as	sign that right to others.		
Signature			Date	
TO BE COMPLETED BY PARE	NT, LEGAL GUARDIA	AN OR FINANCIALLY-	RESPONSIBLE G	RANDPARENT WHO IS
A FULL DUES-PAYING AFSO	ME NJ COUNCIL 63	3 MEMBER.		
Name				
Address				
City				
Phone ()				
Employer	, ,			
AFSCME Council Number				
(Attach proof of membership such as				
Check one: ☐ Parent ☐ Legal (Guardian 🗆	·		