

Application Form

For UFCW/UL Parent/ Guardian to Complete:

Full Name of UFCW/UL Parent/Guardian: _____

UFCW/UL Parent Social Security Number: _____

Local Union Number: _____

Local Union Address: _____

Region Number: _____

Employer Name and Address: _____

Please Provide additional information that you believe would be helpful to the Scholarship committee in assessing your personal or financial needs:

In submitting the information, I certify that the information is accurate and complete to the best of my knowledge.

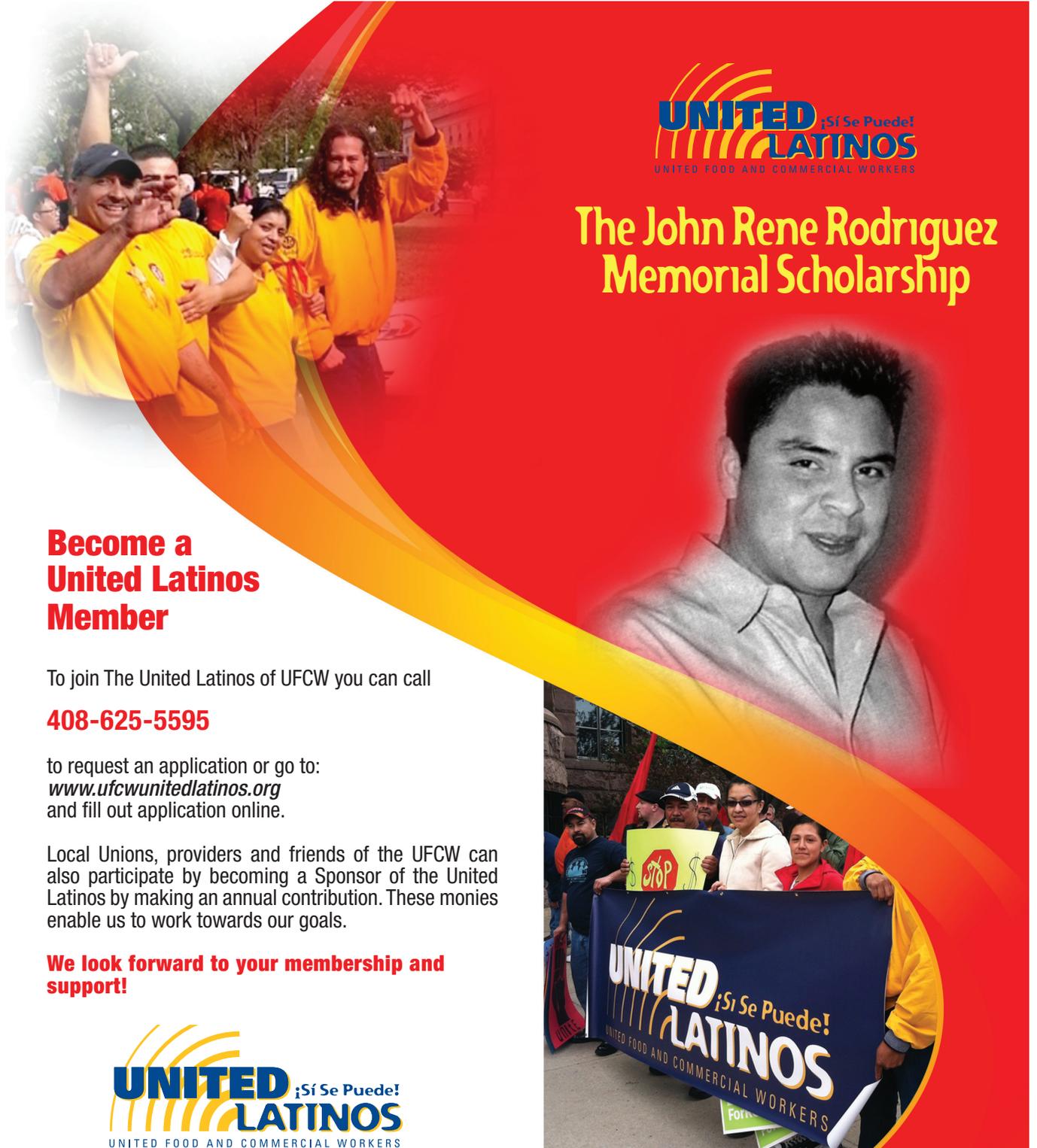
Applicant's Signature: _____

UFCW/UL Parent/ Guardian Signature: _____

Please forward the application and all relevant material to:

The John Rene Rodriguez Memorial Scholarship Fund of United Latinos
c/o UFCW 540
17780 Preston Rd. Dallas, Texas 75252

1-800-282-0714
mona@ufcw540.org



The John Rene Rodriguez Memorial Scholarship

Become a United Latinos Member

To join The United Latinos of UFCW you can call

408-625-5595

to request an application or go to:
www.ufcwunitedlatinos.org
and fill out application online.

Local Unions, providers and friends of the UFCW can also participate by becoming a Sponsor of the United Latinos by making an annual contribution. These monies enable us to work towards our goals.

We look forward to your membership and support!





The John Rene Rodriguez Memorial Scholarship Fund

The John Rene Rodriguez Memorial scholarship Fund was established by the Rodriguez family and is administered through the United Latinos of U.F.C.W. The Fund benefits U.F.C.W members and their dependents that pursue a higher education and need financial assistance to pursue those goals.

The Scholarship Fund will award one (1) academic scholarship annually at a minimum of **\$1,000**. This scholarship will be distributed to the College, University, Trade School or Institution of higher education during the first school semester.

We honor the memory of John Rene Rodriguez by supporting and empowering Union Members in higher education. As a Union Representative for Local 540 and a Vice President of the United Latinos of U.F.C.W., it is a fitting tribute to him that the labor movement honors his memory through education and the pursuit of academic excellence. John Rene's commitment and calling was to advance the cause and programs that helped support the advancement of the Union and its members.

Your participation, whether applying for a scholarship, or by making a financial contribution will help UFCW members become active participants in the **PROGRESS for ALL WORKING FAMILIES.**

Eligibility and Requirements

The Scholarship Fund has established some guidelines for eligibility to be used by the applicant when applying for this program. They are:

- 1.) Applicant must be a son, daughter, grandchild or dependent of an ACTIVE UFCW and United Latino member.
- 2.) The applicant's UFCW/ United Latino parent, grandparent or guardian must have been an active member and in good standing for the twelve (12) months prior to the time of application.
- 3.) Applicant must be a high school graduate with at least a 2.5 grade point average to be validated by submitting a copy of transcripts.
- 4.) Admitted to attend a accredited College, University, Trade School (i.e. Cosmetology, Technical), or Institution of Higher Education.
- 5.) All applicants must submit a five hundred (500) word essay describing how the Union has affected them and/or their families and the role the labor movement has played in their lives.

The following sections are to be completed in their entirety by the Applicant and Parent/ Guardian. This application will not be processed without membership verification.

For Scholarship Applicant to Complete

Name (Last, First, Middle Initial): _____

Address _____

City/State/Zip _____

Phone (_____) _____

Social Security Number: _____

Sex _____ M _____ F

Date Of Birth _____

High School (name and address): _____

Expected date to start School: _____

Full name of the accredited college, university, trade school, or institution of higher education you have applied to attend (Name): _____

(City and State) _____

