



2021 SCHOLARSHIP APPLICATION



Dear Applicant:

Before you apply, please follow all directions carefully in order to have your application processed by our office.

ELIGIBILITY REQUIREMENTS

(For more information, please refer to your Health Care Summary Plan Description (SPD))

1. You must be an active member who meets the requirements for eligibility for Scholarship benefits under the UFCW Local One Health Care Fund OR be an eligible dependent/spouse/grandchild of an active member. *(23 & under age requirement applies to dependent children & grandchildren)*
2. You must be a High School graduate enrolling in an accredited College, Trade School or Graduate School.
3. Termination of Scholarship Based on Lack of Integrity - If you are awarded a scholarship under the Fund, your right to retain that scholarship is conditioned on your honesty and integrity. Thus, if you reveal, through objective actions, a lack of honesty or integrity, your scholarship award may be terminated. The following are examples of actions that the Fund feels indicate lack of integrity and honesty, but these are not the only actions that could indicate a lack of integrity or honesty: conviction of a crime; termination from any employment or volunteer position for cause; and formal discipline by an educational institution for cheating or plagiarism. If you become the subject of any of these actions or other similar actions, you must notify the Fund immediately. If you fail to notify the Fund, you will be obligated to reimburse the Fund for the full value of the scholarship benefits paid on your behalf.
4. As a Member or Dependent of a Member - The Employee **MUST** work for an Eligible Employer of our Scholarship Program. **CLICK HERE** or Log onto www.ufcwone.org/college-scholarship-opportunities to access a list of Eligible Employers
5. You are entitled to four (4) scholarships throughout your college career, which **do not** have to be used consecutively. Pharmaceutical students are eligible for six (6). However, you must apply each year and complete a new application.

IMPORTANT RULES

1. The deadline to apply for this scholarship is **March 1, 2021**. If your application is not postmarked by the March 1st deadline, it will not be accepted.
2. This award is based on the UFCW Local One Health Care Fund's Board of Trustees as follows: Student Cumulative Grade Point Average (GPA); Timeliness; Essay Content; School/Community Activities (optional) and Financial Hardship/Special Circumstances (optional)
3. If you are awarded a scholarship and do not attend school for the Fall or Spring semester it is intended for, you forfeit the award and must re-apply. This award may not be used for any prior amount due.
4. You are not eligible for this scholarship if you receive a scholarship from any of our participating employers.
5. If you are not selected as a scholarship recipient, you have the right to appeal the decision.

Instructions

Below are instructions that apply to you to complete this application. It is important to **SAVE** all your documents before you upload them to the Dropbox. (see categories at the bottom of this page for upload selections & instructions)

HIGH SCHOOL STUDENT

- **OFFICIAL TRANSCRIPT is required:** You may have your school submit an "official" electronic transcript sent to: **education@ufcwone.org** OR have one mailed in a sealed envelope to: **UFCW Local One Education Department - 5911 Airport Road - Oriskany, NY 13424**
- **350-450 Word Essay is required:** The Topic is as follows:
The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback or failure. How did it affect you and what did you learn from the experience?
- School & Community Activities will be considered, including prior year 2020. (*optional*)
- Financial Hardship and/or Unusual Circumstances will be considered. (*optional*)

COLLEGE STUDENT

- **OFFICIAL TRANSCRIPT is required:** You may have your school submit an "official" electronic transcript sent to: **education@ufcwone.org** OR have one mailed in a sealed envelope to: **UFCW Local One Education Department - 5911 Airport Road - Oriskany, NY 13424**
- **500-600 Word Essay is required:** The Topic is as follows:
The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback or failure. How did it affect you and what did you learn from the experience?
- School & Community Activities will be considered, including prior year 2020. (*optional*)
- Financial Hardship and/or Unusual Circumstances will be considered. (*optional*)

GRADUATE STUDENT

- **OFFICIAL TRANSCRIPT is required:** You may have your school submit an "official" electronic transcript to: **education@ufcwone.org** OR have one mailed in a sealed envelope to: **UFCW Local One Education Department - 5911 Airport Road - Oriskany, NY 13424**
- **500-600 Word Essay is required:** The Topic is as follows:
The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback or failure. How did it affect you and what did you learn from the experience?
- You must submit one letter of recommendation from your professor or advisor.
- School & Community Activities will be considered, including prior year 2020. (*optional*)
- Financial Hardship and/or Unusual Circumstances will be considered. (*optional*)

NON-TRADITIONAL STUDENT

- If you are a High School Graduate, received your GED or attended College and have been out for 2 years or longer and will be attending an accredited institution, the following is required:
- **500-600 Word Essay is required:** The Topic is as follows:
The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback or failure. How did it affect you and what did you learn from the experience?
- You must submit 1 letter from your past/present employer recommending you for the 2020 UFCW Local One Scholarship.
- You must submit 1 letter of recommendation (*family members excluded*)
- Community Activities will be considered, including prior year 2020. (*optional*)
- Financial Hardship and/or Unusual Circumstances will be considered. (*optional*)

CLICK HERE or Log onto www.ufcwone.org/college-scholarship-opportunities to access a writable Activities and/or Special Circumstance Form. (*Please make sure to save as PDF before submitting*)

ONCE YOU HAVE COMPLETED YOUR FORMS, AND SAVED THEM TO YOUR COMPUTER OR REMOVABLE DEVICE, ATTACH EACH DOCUMENT TO "DROPBOX" MENU TO THE RIGHT

- a) Click on the "DROPBOX" icon to the right to sign up for free. Simply enter full name, email and password...It will prompt you from there. Once that is uploaded....
- b) Click on "Choose from computer" to open your computer files.
- c) Then "Select" the completed form from your files (i.e. Essay, Activities, Letters of Recommendation) and click on "Open".
- d) You will receive a visual confirmation via email - It is important you save & print for your records
- e) "Repeat" steps to add a new item.

BEFORE SUBMITTING TO DROPBOX...YOU **MUST** SAVE EACH DOCUMENT AS A PDF TO YOUR COMPUTER OR REMOVABLE DRIVE. THIS INCLUDES YOUR APPLICATION WHICH YOU CAN SUBMIT TO THE LINK AT THE BOTTOM OF THE APPLICATION ITSELF. IF YOU HAVE TROUBLE UPLOADING YOUR DOCUMENTS TO THE DROPBOX, PLEASE SEND THEM TO EDUCATION@UFCWONE.ORG



- Essay
- Letters of Recommendation
- Employer Letter
- Activities Form
- Financial Hardship and/or Unusual Circumstances

Please make sure your name is on EACH document you upload

IMPORTANT: Please fill in all the appropriate boxes that apply to you. At the end of the application, it is very important you SAVE this page of the application as a PDF, either to your desktop or removable drive before submitting, otherwise we will receive a "Blank" application and have no way of contacting you.

If you have any questions or would like additional information on the UFCW Local One Scholarship Program,

Please call us @ 1-800-959-9497, Ext. 2286 Or EMAIL US: education@ufcwone.org

(Please print clearly and check the appropriate boxes below that apply to your status)

I am Enrolled:

FULL -TIME

PART-TIME (Minimum 6 hours required for part-time per semester)

This coming Fall (2021) I will be a College:

Freshman

Sophomore

Junior

Senior

I am a Senior in High School
and expect to graduate

MO YR

I am a College Student
and expect to graduate

MO YR

I am a Graduate Student
and expect to graduate

MO YR

I am a Non-Traditional Student
& expect to graduate

MO YR

THIS PORTION FOR HIGH SCHOOL STUDENTS ONLY

High School Name: _____

High School Counselor: _____ High School Phone: (_____) - _____

High School Address: _____ City/St/Zip: _____

ALL STUDENTS INFORMATION REQUIRED

College Major: _____ Student ID# _____

College/University Name: (Already attending or plan to attend in the Fall; including Graduate School/Accredited Institution) _____

College Address: _____ City/St/Zip: _____

College Phone: (_____) - _____

APPLICANT/MEMBER INFORMATION

APPLICANT DATA: (If applicant and member are the same, complete the MEMBER information only)

Print Name: _____ SS# _____

EMAIL: _____ Applicant relationship to member: _____

Address: _____ City/St/Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

Relationship to Member: SELF CHILD SPOUSE GRANDCHILD (Grandparent must be active member)

MEMBER DATA: (If applicant and member are the same, complete the MEMBER information only)

Print Name: _____ SS# _____

EMAIL: _____

Address: _____ City/St/Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

Employer: _____

I, the undersigned, certify that all the information I have included in with my application is true. I have read and understand the information.

Applicants Signature _____ Date: _____

➡ FIRST SAVE APPLICATION TO DESKTOP - THEN CLICK HERE TO SEND TO DROPBOX ⬅

For official use only

GPA Pnt. School Actv Comm Actv Hardship Timeliness Special Circ Essay Total Points GPA