

Dear Applicant:

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

2024

SCHOLARSHIP APPLICATION

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

- 1. You must be an <u>active</u> member who meets the requirements for eligibility for Scholarship benefits under the UFCW Local One Health Care Fund <u>OR</u> be an eligible dependent/spouse/grandchild of an <u>active</u> member. (23 & under age requirement applies to dependent children & grandchildren)
 - 1a. Active member MUST work a minimum of 60 days of active employment.
- 2. You must be a High School graduate enrolling in an accredited College, Trade School or Graduate School.
- 3. <u>Termination of Scholarship Based on Lack of Integrity</u> 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 <u>only</u> 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 <u>www.ufcwone.org/college-scholarship-opportunities</u> 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 <u>March 1, 2024</u>. If your application, essay, transcript, and other required documents are 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 SUBMIT them (see categories at the bottom of this page for upload selections & instructions)

HIGH SCHOOL STUDENT **COLLEGE STUDENT GRADUATE STUDENT** NON-TRADITIONAL STUDENT \triangleright **OFFICIAL TRANSCRIPT** is > OFFICIAL TRANSCRIPT is > If you are a High School **OFFICIAL TRANSCRIPT** is Graduate, received your GED or required: You may have your required: You may have your required: You may have your attended College and have been school submit an "official" school submit an school submit an "official" out for 2 years or longer and "official" electronic transcript electronic transcript to: electronic transcript sent to: will be attending an accredited education@ufcwone.org OR have sent to: education@ufcwone.org OR institution, the following is one mailed in a sealed envelope education@ufcwone.org OR have one mailed in a sealed required: have one mailed in a sealed envelope to: to: **UFCW Local One Education** envelope to: **UFCW Local One Education** > 500-600 Word Essay is Department - 5911 Airport Road -**UFCW Local One Education Department - 5911 Airport** required: The Topic is as Department - 5911 Airport Road - Oriskany, NY 13424 Oriskany, NY 13424 follows: Road - Oriskany, NY 13424 500-600 Word Essav is > What are the best words of required: The Topic is as 500-600 Word Essav is advice you have received? \succ 350-450 Word Essay is required: The Topic is as follows: Who shared them, and how required: The Topic is as What are the best words of follows: have you applied them to follows: advice you have received?Who What are the best words of your life? What is your motivation for shared them, and how have advice you have received? pursuing higher Who shared them, and how you applied them to your life? > You must submit 1 letter from education? have you applied them to your past/present employer your life? You must submit one letter of recommending you for the \triangleright School & Community recommendation from your UFCW Local One Scholarship. Activities will be considered, professor or advisor. School & Community Activities including prior year 2023. will be considered, including > You must submit 1 letter of (optional) School & Community Activities will prior year 2023. recommendation (family be considered, including prior year (optional) members excluded) \triangleright Financial Hardship and/or 2023. (optional) **Unusual Circumstances will** Financial Hardship and/or \triangleright Financial Hardship and/or > Community Activities will be be considered. (optional) Unusual Circumstances will be considered, including prior year Unusual Circumstances will be considered. (optional) 2023. (optional) considered. (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)

Please submit ALL your documents (Application, Essay, Activities, Hardship, Recommendation Letters, etc) to the following email address. Transcript can also be sent electronically to the email address below but must be "Official".

education@ufcwone.org

Please make sure your name is on EACH document you submit. If you have any questions, please contact Johanna Paciello at 1-800-697-8329, Ext. 2722 or via email at education@ufcwone.org.



IMPORTANT: Please fill in all the appropriate boxes that apply to you. At the end of the application, <u>it is very important you SAVE</u> 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 not always have a way of contacting you.

	If you have any questions regarding our Scholarship Program se call us @ 1-800-959-9497, Ext. 2722 Or EMAIL: education@ufcwone.org ease print clearly and check ALL the appropriate boxes below that apply to your status)	
I am Enrolled:	ULL -TIME PART-TIME (Minimum 6 hours required for part-time per semester)	
This coming Fall (2024)	I will be a College: Freshman Sophomore Junio	or Senio
Is this your first time ap	plying for the UFCW Local One Scholarship? YES	NO
I am a Senior in High School and expect to graduate MO YR		n-Traditional Student to graduate YR
	Fill this section out if you are a High School Senior ONLY	
High School Name:	High School Phone: ()	
High School Address:	City/ST/Zip	
	ALL Student College Information Required	
College/University Name: ((Please print below name of school you will be attending in the upcoming Fall OR write Undecided. (Inc.Graduate, Non-Traditio	nal/Accredited Institution)
	College Phone:	
	City/St/Zip:	
ollege Major:	Student ID#	
	Application Information (STUDENT ONLY) – ON: (If student and member are the same, you do not have to complete Member Information below) Students Date of Birth: / / Student SS#	1 1
Student Home Address:	City/St/Zip:	
	ow): Please choose a current/active email address, as this is how we communicate with you. No high sch	
	Cell Phone: () Employer:	
Students Relationship to Membe	er: SELF CHILD SPOUSE GRANDCHILD (Grandparent MUST be a	ctive member)
MEMBER INFORMATIO	N: (Fill in this portion only if student is a dependent and not active member)	
Member Name:	Email:Member SS#	/ /
Member Address:	City/St/Zip:	
Member Employer:	Cell Phone: () Date of Birth:/	1
I, the undersigned, certify that a	all the information I have included in with my application is true. I have read and understand f	the information.
Students Signature:	Date:	
Save and	d send as PDF before emailing to education@ufcwone.org	←
Official Use Only A PNTS SCHOOL COMMUI	NITY HARDSHIP TIMELINESS SPEC. CIR. NON-TRAD. ESSAY TOTAL PN	TS GPA