

2025 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 <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 active 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. 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 <u>March 1, 2025</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

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:

If you could live your life fighting for one cause, what would it be and why?

- School & Community
 Activities will be considered,
 including prior year 2024
 (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

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 2024. (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

UFCW Local One Education Department - 5911 Airport Road -Oriskany, NY 13424

- 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 2024. (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
 UFCW Local One Scholarship.
- You must submit 1 letter of recommendation (family members excluded)
- Community Activities will be considered, including prior year 2024. (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



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 not always have a way of contacting you.

If you have any questions regarding our Scholarship Program

Please call us @ 1-800-959-9497, Ext. 2722 Or EMAIL: education@ufcwone.org

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

FULL -TIME PART-TIME (Minimum 6 hours required for part-time per semester) I am Enrolled: **Sophomore** Senior **Freshman** Junior This coming Fall (2025) I will be a College: NO Is this your first time applying for the UFCW Local One Scholarship? I am a Non-Traditional Student I am a Senior in High School I am a College Student I am a Graduate Student and expect to graduate and expect to graduate and expect to graduate & expect to graduate MO MO MO YR MO YR 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-Traditional/Accredited Institution). College Phone: College Address: City/St/Zip: College Major: Student ID# Application Information (STUDENT ONLY) _ STUDENT INFORMATION: (If student and member are the same, you do not have to complete Member Information below) Students Date of Birth: / / Student SS# _/ / Student Name (Print): _____ City/St/Zip: ____ Student Home Address: Student EMAIL (Print below): Please choose a current/active email address, as this is how we communicate with you. No high school emails. Cell Phone: (Employer: SELF CHILD SPOUSE GRANDCHILD (Grandparent MUST be active member) Students Relationship to Member: **MEMBER INFORMATION:** (Fill in this portion only if student is a dependent and not active member) **Member Name:** Email: __ _____ City/St/Zip: ____ Member Address: Cell Phone: (Member Employer: __ Date of Birth: I, the undersigned, certify that all the information I have included in with my application is true. I have read and understand the information. Students Signature: ___ Date: _ Save and send as PDF before emailing to education@ufcwone.org For Official Use Only **GPA PNTS** SCHOOL COMMUNITY HARDSHIP TIMELINESS SPEC. CIR. NON-TRAD. ESSAY TOTAL PNTS GPA