



2026 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)*
 - 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 **March 1, 2026**. 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 witness a historic event, (past present or future) first hand, what would it be and why?

- Financial Hardship and/or Unusual Circumstances will be considered. *(optional)*

School & Community Activities will be considered, including prior year 2025 *(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: **Tell a story from your life, describing an experience that either demonstrates your character or helped to shape it.**

- School & Community Activities will be considered, including prior year 2025. *(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**

- **600 Word Essay is required:** The Topic is as follows: **Tell a story from your life, describing an experience that either demonstrates your character or helped to shape it.**

- You must submit one letter of recommendation from your professor or advisor.

- School & Community Activities will be considered, including prior year 2025. *(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: **Tell a story from your life, describing an experience that either demonstrates your character or helped to shape it.**

- 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 2025. *(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, 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)

I am Enrolled:

☐

FULL -TIME

☐

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

This coming Fall (2026) I will be a College:

☐

Freshman

☐

Sophomore

☐

Junior

☐

Senior

Is this your first time applying for the UFCW Local One Scholarship?

☐

YES

☐

NO

☐

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

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)

Student Name (Print):

Students Date of Birth: / /

Student SS# / /

Student Home Address:

City/St/Zip:

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:

Students Relationship to Member:

☐

SELF

☐

CHILD

☐

SPOUSE

☐

GRANDCHILD (Grandparent MUST be active member)

MEMBER INFORMATION: (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:

/ /

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 HARSHIP TIMELINESS SPEC. CIR. NON-TRAD. ESSAY TOTAL PNTS GPA