



SEIU HEALTHCARE MICHIGAN SCHOLARSHIP FUND

(Official Application Form)

Name _____
(First) (Middle Initial) (Last)

Address _____

Telephone Number _____

Are you a member of SEIU Healthcare Michigan? _____

Are you a child of a member of SEIU Healthcare Michigan? _____

If yes, please provide:

1) Member Name _____ Member Social Security Number _____

2) A signed statement from the member stating your relationship to him/her.

If you are presently in school, please state:

School Name and address _____

Grade and year _____

If you are not presently in school, please state:

Name and location of school plan to attend _____

Course of study _____

Please attach high school and college (if any) transcript

Please provide a short essay in response to the questions on page 2.

Mail completed application form to:

SEIU Healthcare Michigan Scholarship Fund

3031 W. Grand Blvd, Suite 555

Detroit, MI 48202

Name_____

Please answer the following questions:

What does the labor movement mean to you and how has it impacted your life?

Lined area for writing the answer to the first question.

What is your course of study? Why did you choose that field of study?

Lined area for writing the answer to the second question.

Signature Date