



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
2604 Fourth Street
Detroit, MI 48201

