

ALASKA LABORERS' POLITICAL & EDUCATION COMMITTEE  
**SCHOLARSHIP APPLICATION**



Scott Eickholt, Chairman  
Kevin Pomeroy, Secretary-Treasurer

Submit Applications to: ALPEC Scholarship  
2740 Davis Road  
Fairbanks, AK 99709

Phone: (907)456-4584

Fax: (907)452-6285

Email: laborers@local942.net

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**SCHOLARSHIP APPLICATION INFORMATION**

**GOAL**

The Alaska Laborers' Local 942 Political & Education Committee Scholarship Program is designed to support and strengthen the commitment of Laborers' Local 942 members and their families to excellence in education.

**APPLICATION CRITERIA**

General scholarship criteria will be considered in making the selections and shall include academic attainments/rank in class, character, anticipated field of study, extracurricular accomplishments, and other criteria as may seem applicable to the Scholarship Program.

**ELIGIBILITY REQUIREMENTS**

- Must be a member, or legal dependent of a member in good standing of Laborers' Local 942.
- Must be in the final year of high school and/or enrolled as a **FULL TIME** student in any four year undergraduate college degree program.
- A two year program will be considered **ONLY** in the fields of Construction Management or Construction Technology.

**DEADLINES**

Applications for Fall semester must be submitted no later than September 30<sup>th</sup> each year.

Applications for Spring semester must be submitted no later than January 31<sup>st</sup> each year.

**APPLICATION PROCEDURES**

Complete the attached application in full. Type or print legibly.

Submit the application with the following:

1. Copy of most recent transcript.
2. Copy of admission acceptance.
3. Copy of detailed registration receipt (textbooks receipts can be included).
4. One or two letters of recommendation.
5. Applicant's statement, minimum 150 words, outlining academic goals and how the Union has been relevant to you and your family.

***Important: Late applications will not be considered. Failure to submit all of the above requested information may also result in rejection of the application from consideration.***

# SCHOLARSHIP APPLICATION

ALPEC Scholarship – 2740 Davis Road – Fairbanks, AK 99709

Applicant Last Name

Date of Application

APPLYING FOR (CHOOSE ONE):  Fall Semester  Spring Semester, 20\_\_.

NAME: \_\_\_\_\_, \_\_\_\_\_ MI  
Last First

ADDRESS: \_\_\_\_\_  
Street or PO Box

City State Zip Code TELEPHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_ Single Married

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Divorced Widowed  
MM DD YYYY

Union Member (Sponsor): \_\_\_\_\_

FIRST NAME LAST NAME

Number of Dependents: \_\_\_\_\_

Date Sponsor Joined the Union: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Applicant's Relationship to Sponsor: \_\_\_\_\_

## COMPLETE THIS SECTION ONLY IF YOU ARE A DEPENDENT

Father/Legal Guardian's Full Name: \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

Mother/Legal Guardian's Full Name: \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

*I hereby certify that I provide in excess of 50% of the financial support for the applicant and that the applicant is my dependent for federal income tax purposes.*

SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ in the City/Borough of

\_\_\_\_\_ in the State of \_\_\_\_\_

NOTARY PUBLIC

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Applicant Last Name

Date of Application

## NAME AND ADDRESS OF COLLEGE OR UNIVERSITY

\_\_\_\_\_  
\_\_\_\_\_

## FIELD OF STUDY / MAJOR:

## EDUCATIONAL BACKGROUND

High School: \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Graduated:  YES  NO Completed GED Program: \_\_\_ / \_\_\_

## College – Apprenticeship – Training Programs:

\_\_\_\_\_  
Name of Institution/Program Field of Study: \_\_\_\_\_

\_\_\_\_\_  
Location of Institution/Program Graduated:  YES Date: \_\_\_ / \_\_\_  NO

\_\_\_\_\_  
Name of Institution/Program Field of Study: \_\_\_\_\_

\_\_\_\_\_  
Location of Institution/Program Graduated:  YES Date: \_\_\_ / \_\_\_  NO

\_\_\_\_\_  
Name of Institution/Program Field of Study: \_\_\_\_\_

\_\_\_\_\_  
Location of Institution/Program Graduated:  YES Date: \_\_\_ / \_\_\_  NO

## EXTRACURRICULAR SCHOOL AND COMMUNITY ACTIVITIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HONORS AND AWARDS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
Date of Application

## EMPLOYMENT HISTORY (Provide information for recent employment OR attach resume.)

Most Recent Employer: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ Currently Employed \_\_\_\_ / \_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ Currently Employed \_\_\_\_ / \_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ Currently Employed \_\_\_\_ / \_\_\_\_

Supervisor Name: \_\_\_\_\_ Employer Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_



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Date of Application

Other Scholarship and/or Financial Aid Received?  YES If YES, list below  NO

Organization or Responsible Party	\$	Amount Received	Date:	MM	YYYY
Organization or Responsible Party	\$	Amount Received	Date:	MM	YYYY
Organization or Responsible Party	\$	Amount Received	Date:	MM	YYYY
Organization or Responsible Party	\$	Amount Received	Date:	MM	YYYY

I, \_\_\_\_\_, certify that the information provided on this  
Scholarship Application and all accompanying attachments is true and accurate. I authorize release  
of information needed to verify statements made in this application.

Print Name

Applicant Signature

Date