

ALASKA LABORERS' POLITICAL & EDUCATION COMMITTEE
SCHOLARSHIP APPLICATION



Bryan Imus, Chairman
Scott Eickholt, 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

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 30th each year.

Applications for Spring semester must be submitted no later than January 31st 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

SCHOLARSHIP APPLICATION

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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

SCHOLARSHIP APPLICATION

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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: _____

SCHOLARSHIP APPLICATION

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Applicant Last Name

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