

# **W. VERNIE REED MEMORIAL FUND**

## **College Scholarship Application**

### **PURPOSE OF THE FUND:**

A scholarship program for certain members of the Laborers' International Union has been established as a living memorial to the late W. Vernie Reed, General Secretary-Treasurer of the International Union.

Through the generosity of Brother Reed's friends and associates, a self-perpetuating fund will provide a program of yearly scholarships to assist eligible worthy students in furthering their four (4) year undergraduate education. The first award was made in the Spring of 1981. Scholarships are usually awarded before July.

### **ELIGIBILITY REQUIREMENTS:**

Those eligible are men and women and their dependents (including their grandchildren) who are members of local unions of the Laborers' International Union of North America, located in the states of Alaska, Washington, Idaho, Montana, Oregon, Wyoming, Colorado, Nevada and Utah in the United States of America, and in the provinces of British Columbia, Alberta, Manitoba and Saskatchewan in Canada. To be considered, a student must be in good standing in the final year of high school or within their first or second year of college.

### **APPLICATION PROCEDURES:**

The exact nature and content of the scholarship program will be determined on an annual basis by the Board of Directors. Whereas these scholarships are for the members of the Laborers' International Union or their dependents, announcements will be made at [www.nwlaborers.org](http://www.nwlaborers.org) as well as to all Laborers' Local Unions throughout the region. The announcements will explain the present annual program available and any specifics involved in applying.

There shall be no discrimination based on race, color, creed, national origin, age, or sex in the selection process or the administration of the scholarship program.

The following general scholarship criteria will be considered in making the selections:

1. Academic attainments (test scores, grade point average, class ranking)
2. Character
3. Need
4. Anticipated field of study
5. Extra curricular accomplishments
6. Other (as may seem applicable to the scholarship program in question)

### **FOR MORE INFORMATION CONTACT:**

**W. Vernie Reed Memorial Fund**  
**P.O. Box 12917**  
**Mill Creek, Washington 98082-0917**  
**(425) 741-3556**

**W. VERNIE REED MEMORIAL  
COLLEGE SCHOLARSHIP APPLICATION**

Date Sent: \_\_\_\_\_

**Applications must be received by April 1<sup>st</sup>  
P.O. Box 12917  
Mill Creek, Washington 98082-0917**

NAME \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_

ZIP CODE OR POSTAL CODE \_\_\_\_\_

AREA CODE AND TELEPHONE ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF UNION MEMBER \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

LOCAL UNION # \_\_\_\_\_

The Directors may only consider applications which are complete  
**Do Not Fax – Only Original Applications Will Be Considered**

# Educational Information

The following information **MUST** accompany your application

## High School Information:

Name of High School which you attend:

\_\_\_\_\_

Address of High School: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Telephone Number (including area code) \_\_\_\_\_

Date Graduated or will graduate: \_\_\_\_\_

Are you enrolled in a Head Start or Running Start Program? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what is the name of the College or University which are attending:

\_\_\_\_\_

Will you receive an Associates of Art Degree? YES \_\_\_\_\_ NO \_\_\_\_\_

## Test Score and Grade Point Average

The following information **MUST** be provided under seal by your Counselor:

- Most recent High School grade transcript (all seven semesters must be represented)
- Your SAT or ACT Test results
- Certified evidence of your GPA and Class Ranking
- If you are currently attending a college or university, your current grade transcript as well as your current GPA.

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## College or University Information

What College or University do you plan to attend?

\_\_\_\_\_

Address of College/University \_\_\_\_\_

\_\_\_\_\_

Are you currently attending this College or University? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when did you first attend? \_\_\_\_\_

Have you been accepted as a full time student? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, when do you expect to know? \_\_\_\_\_

Is this College or University a two (2) year or four (4) year institution?  
\_\_\_\_\_yrs.

Anticipated Field of Study:

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

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## HONORS AND AWARDS

Please list all honors and/or awards which you have received.

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## OFFICES AND POSITIONS OF LEADERSHIP

Please list all of the offices and/or positions of leadership which you have held.

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## Scholarship Information

Please list all of the scholarships which you will be receiving during this academic year, the amount of the scholarship and the number of years the award is intended.

<u>Name of Sponsor</u>	<u>Amount of Award</u>	<u>Year in which Award Covers</u>	<u>Number of Years Award is For</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all of the scholarships for which you have applied.

<u>Name of Sponsor</u>	<u>Amount of Award</u>
_____	_____
_____	_____
_____	_____
_____	_____

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## **Applicant's Essay**

Please provide a 300 word essay outlining why you wish to attend college and what you see yourself doing with your life ten (10) years after graduation.

## **Letters of Recommendation**

Please provide the following letters. All letters must be under seal of the author:

- One (1) letter of recommendation from your High School Counselor
- Two (2) letters of recommendation from Teachers
- One (1) letter of recommendation from the Community

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## LOCAL UNION INFORMATION

The following information MUST be furnished by the local union:

Name of Member \_\_\_\_\_

Entry Date \_\_\_\_\_

International Membership Number \_\_\_\_\_

I certify that this membership information is true, complete and accurate.

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

**LABORERS' UNION LOCAL #** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

### **IMPORTANT**

**If the above information is not verified by your Local Union, your Application will not be accepted by the Directors**

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## **CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that the information contained in this application is true, complete and accurate.  
I authorize release of any of this information to confirm and/or verify this application.

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(Applicant's Signature)

(Date)

**APPLICATIONS MUST BE RECEIVED BY APRIL 1ST**

**P.O. Box 12917**

**Mill Creek, Washington 98082-0917**

**(425) 741-3556**

The Board of Directors, in its sole discretion, reserves the right to withdraw or terminate any scholarship in the event of changed circumstances.

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