

MARTIN DUFFY ADULT LEARNER SCHOLARSHIP  
APPLICATION FORM

Name: \_\_\_\_\_

Home Address:  
\_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Place of Employment

I am currently:

\_\_\_\_\_ an AFL-CIO member in good standing

\_\_\_\_\_ an AFL-CIO member on lay-off status who has a valid withdrawal card, has recall rights and was in good standing for six months prior to lay-off

\_\_\_\_\_ a retired or disabled AFL-CIO member who was in good standing in my Local Union at the time of retirement or disablement

Please indicate how and where you would plan to use this scholarship. List intended post-secondary institution and your educational goals.

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

To be Completed by Officer (or Steward) From Your Local:

I certify that \_\_\_\_\_ is currently employed by \_\_\_\_\_  
Applicant

and is a member in good standing of \_\_\_\_\_  
Union  
Local No \_\_\_\_\_ .

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Local Union Secretary-Treasurer or President