



Steve Fricke Memorial Scholarship Program

7250 Poe Ave., Suite 400 – Dayton, OH 45414
1-877-665-0075 ext. 3011 or scholarships@ufcw75.org

SECTION 1: APPLICANT

First Name: _____

Last Name: _____

Phone Number (with area code): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Is the applicant a member of UFCW Local 75?

If no, please proceed to Section 2. If yes, please complete the work information below:

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

How long have you been a member of UFCW Local 75? (years, months) _____

SSN (last 4 digits only): _____

SECTION 2: UFCW LOCAL 75 MEMBER

(Complete if applicant is NOT a member of UFCW Local 75.)

First Name: _____ Last Name: _____

SSN (last 4 digits only): _____

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

How long have you been a member of UFCW Local 75? (years, months) _____

Relation to Applicant: _____

**Applications must be RECEIVED
no later than May 1, 2017.**

Mail completed application to:
UFCW Local 75 Steve Fricke Memorial Scholarship
7250 Poe Ave., Suite 400 – Dayton, OH 45414
or email to scholarships@ufcw75.org

SECTION 2: UFCW LOCAL 75 MEMBER (Cont'd)

(Complete if applicant is related to more than one member of UFCW Local 75.)

First Name: _____ Last Name: _____

SSN (last 4 digits only): _____

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

How long have you been a member of UFCW Local 75? (years, months) _____

Relation to Applicant: _____

SECTION 3: EDUCATION

High School: _____

City: _____

State: _____

Graduation Year: _____

College: _____

City: _____

State: _____

Graduation Date: _____

Most current cumulative GPA: _____

Current as of (month, year): _____

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OFFICIAL TRANSCRIPT

An official copy of your academic transcript is required as part of the application process. If you are unable to send an official transcript, a school official must complete this form; it may be returned as part of the application packet in a sealed envelope or sent directly from the school.

**Copies of transcripts printed from a website are not accepted as official copies of your academic record.*

Name of Applicant: _____

Expected Graduation Date: _____

Most Current Cumulative GPA: _____

As of (date): _____

School Official's Verification Data

Print Name: _____

Title: _____

Signature: _____

Date: _____

REQUIRED SIGNATURES

1. Verification of Scholarship Application Data

I affirm that the information provided is true.

2. Authorization for Release of Information

Under the Federal Privacy Rights of Parent and Students Act, a school must have a signed authorization before releasing information about a student. Both student and parent or legal guardian (if student is under 18) must sign this authorization.

Student Signature: _____

Date: _____

Parent or Guardian Signature (if under 18): _____

Date: _____

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SECTION 4: ACTIVITIES AND AWARDS

List the activities in which you participate, such as clubs, athletic teams, volunteer activity.
Please also note if you held a specific role or office in these activities.
Years should denote Academic Years, e.g., 2012-2014; if you participated in activities during consecutive years you may list them as such, e.g., 2009-2011.

Organization/Club/Activity	Role	Years Participated

Please list any awards – academic, extracurricular, community – you received and indicate the year in which you received the award.

Award	Year Received

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SECTION 5: WORK

Please list your employment over the last four years.

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

Employment Dates: _____

Did you work at this job during the academic year? Yes No

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

Employment Dates: _____

Did you work at this job during the academic year? Yes No

Employer (Company): _____

Work Location (Store Number): _____

Job Title or Classification: _____

Employment Dates: _____

Did you work at this job during the academic year? Yes No

SECTION 6: ESSAY

Choose one of the following:

1. What does it mean to you to be part of a union?
2. How can labor unions more effectively engage young people?
3. How do politics impact labor unions?

Your essay should be 1,500 words or less; include your essay in the application packet.