



*Diverse, Dedicated, and Determined*

## **Local 943 Scholarship**

Every year the Southwest Suburban Federation of Teachers, AFT Local 943, will award two scholarships in the amount of two thousand dollars (\$2,000.00) each.

The applicant must be the child of a currently employed, active member in good standing of Local 943; or the child of a member of Local 943's retiree chapter; or the child of a deceased member who was in good standing at the time of death.

The applicant must be a member of a public high school graduation class and enrolling in a public college or university (including community colleges).

Selection will be made on the basis of these five criteria:

1. official scores on the ACT/SAT entrance examinations
2. class rank, and GPA (1st semester of senior year)
3. record of extra-curricular activities and community service
4. two (2) references by members of the staff of the student's high school where he/she is currently enrolled
5. a 100-word essay which details future aspirations.

These components will be examined by the Scholarship Committee whose decision will be final. The scholarship is unrestricted as to race, religion, political affiliation, financial status or course of study.

**Deadline to apply for the 2020 - 2021 scholarship is 5 p.m. Thursday, March 25, 2021.**



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# APPLICATION

AFT Local 943 Scholarship  
15521 S. 70<sup>th</sup> Court, Orland Park, IL  
60462 (708) 633-0943  
Fax: (708) 633-0944

Please type or print clearly:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Name of applicant's parent who is a member: \_\_\_\_\_

Place of parent's employment for verification: \_\_\_\_\_

Name of **public** high school applicant attends: \_\_\_\_\_

Address of high school: \_\_\_\_\_

**Public** college or university (includes community college) applicant will be attending:

\_\_\_\_\_

I hereby apply for the AFT Local 943 Scholarship and agree to abide by the decision of the Scholarship Committee as published in its announcement.

\_\_\_\_\_  
(Signature of Applicant)

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

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## FOR SCHOLARSHIP ADMINISTRATION PURPOSES ONLY

### Verification of Union Membership

\_\_\_\_\_  
(Union Official)

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

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