

**UAW – LOCAL 1950
Clerical/Technical**

Scholarship Application

Non-Northern Michigan University Student

Name of College/University Attending

City

State

Zip

APPLICANTS MUST COMPLETE THE INFORMATION BELOW:

First Name

MI

Last Name

Social Security Number

Address

City

State

Zip

Phone Number (including area code)

E-Mail Address

I am applying for a (check only one) 4-Year Program Scholarship 1-2 Year Program Scholarship

Anticipated Graduation Date from University or College: Month _____ Year _____

Current Year in University or College: Senior Junior Sophomore Freshman

Total number of credits at the end of the current semester/term: _____

Parent's (or legal guardian's) Name: _____ E-mail Address: _____

(Please use name of parent or guardian employed at NMU. Must also be a UAW Local 1950 member)

Completed form should be returned to: UAW Local 1950 Scholarship Committee, c/o Michelle Kimball, Library, Northern Michigan University, 1401 Presque Isle, Marquette, MI 49855 or FAX to (906) 227-2099.

FORMS MUST BE RECEIVED NO LATER THAN: November 15 to be considered for the winter semester (or 2nd term) or April 15 for the fall semester (or 1st term).

For Committee Use Only:

Scholarship Awarded: Yes No

Semester: Fall Winter _____ Year

T. O. P.
TECHNICAL-OFFICE
PROFESSIONAL
AFFILIATION

UAW – LOCAL 1950
Clerical/Technical



NORTHERN MICHIGAN UNIVERSITY
1401 Presque Isle
Marquette, MI 49855-5301

Student's First Name _____

MI _____

Student's Last Name _____

Student's Social Security Number _____

TO BE COMPLETED BY THE STUDENT

I HEREBY AUTHORIZE THE Office of the Registrar to release to UAW-Local 1950 at Northern Michigan University the following information concerning the status of my enrollment for the UAW-Local 1950 Scholarship.

Student's Signature _____

Date _____

TO BE COMPLETED BY THE REGISTRAR

1. How many credits constitute a full-time student at your institution? _____
2. Is the student currently enrolled as a full-time student? _____
If yes, please indicate from _____ to _____
3. How many credits has the student completed to date? _____
4. Is your institution on terms or semesters? _____
5. Please indicate the student's classification:
_____ Freshman _____ Sophomore _____ Junior _____ Senior
6. What is the student's cumulative grade point average? _____
7. What was the student's last semester (or term) grade point average? _____

Name of College/University _____

Date _____

Registrar's Signature _____

(S E A L)

Please return completed form to: Local 1950-UAW Education Committee, c/o Dawn Wilder, Math & CS, Northern Michigan University, 1401 Presque Isle Ave., Marquette, MI 49855 or FAX to (906) 227-2010.