

# 2018 MWAL-APWU Scholarship Application

## Applicant Information

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

NAME OF HIGH SCHOOL: \_\_\_\_\_

Date of High School Graduation (MM/YYYY): \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Major (if determined): \_\_\_\_\_ Year in School as of Fall, 2018: \_\_\_\_\_

Please, attach a short summary of why you have chosen this field or college. Include a brief statement about yourself that incorporates your outside interests and/or community activities. Failure to provide a short statement will result in disqualification.

## MWAL Member Information

Member's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Parent \_\_\_\_\_ Grandparent

USPS Work Location: \_\_\_\_\_

Application **must** be received by May 1, 2018. Send Application to:

MWAL-APWU Scholarship Committee  
PO Box 7711  
Madison, WI 53707-7711

Please, sign the following statement:

I hereby indicate my understanding that the decision of the MWAL-APWU Scholarship Committee in the selection of the scholarship winners is final and binding. In the event that I am selected as the successful applicant for the scholarship grant, I shall comply with all rules for such a scholarship. I understand that receipt of this scholarship is conditional upon presentation of proof of enrollment for the semester. Incomplete and duplicate applications will not be considered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_