

Western Michigan Area Local #281
American Postal Workers Union, AFL-CIO

James A. Sweeney Scholarship Fund
Rules

1. There will be five (5) scholarships of \$1,000 each, given out annually.
2. The applicant's sponsor(s) (parent or legal guardian) must have been a member of the bargaining unit, in good standing, of the Western Michigan Area Local #281 of the American Postal Workers Union for a minimum of one (1) year, immediately preceding application deadline; provided the sponsor is not a postal manager. Children of retired members of the bargaining unit are eligible to apply, provided the retiree had been a member of the local for at least one year, immediately prior to his/her retirement.
3. To ensure an equal opportunity to obtain a scholarship, the applicant's name can only be submitted once per annum.
4. Applicant(s) must be a senior attending, or has graduated from high school or other corresponding secondary school.
5. The application form(s) for the scholarship shall appear in the Western Michigan Area Local's newsletter/publication representing the month of February. The submission deadline will be March 15 or the first Monday thereafter. Applications will be accepted through the mail only and should be addressed as follows:

WMAL
Attn: James A. Sweeney Scholarship
PO Box 2706
Grand Rapids, MI 49501

6. The Scholarship Committee shall consist of up to five (5) members. Two (2) of these members shall be the currently elected Recording Secretary and Treasurer. One (1) member shall be the currently elected President, and he/she shall be designated as the Chairperson of the committee. The two (2) remaining members shall be appointed by the President.
7. The committee shall convene before the regular April meeting to verify the parent(s)/legal guardian's membership qualifications; but not sooner than March 25th.
8. The committee, upon verification of each application, shall number each application and place the number in a container designated by the committee. There shall be five (5) winners and a sufficient number of alternates drawn. The drawing will be held at the April General membership meeting during new business.

9. Scholarship recipients must attend an accredited college; including community colleges and/or universities of his/her choice as a full-time student (Trade and vocational schools do not qualify for scholarship). Applicants must make their own applications to college.
10. When the recipient notifies the Western Michigan Area Local's Treasurer that he/she has been accepted to the school, provided the winner notifies the union at least one month prior to the start of the academic year (to ensure that if an alternate needs to be chosen, it can be done so in a timely manner), the local treasurer will send to the school's business office a check, paid directly to the school attended by the winner, in the recipient's name. The scholarship will be sent to the respective school using the quarterly system in three (3) parts, or with schools using semesters, in two (2) parts. The scholarship must be used within the following scholastic year for tuition, books, or room and board.
11. All disputes arising from the scholarship program shall be submitted to the President, within thirty (30) days of the drawing, in written form. They shall be placed before the Scholarship Committee for review and shall be answered in writing within fifteen (15) days.
12. These rules governing the Western Michigan Area Local Scholarship Program can only be amended, changed, or deleted once a year at the November membership meeting and will take effect for the next scholastic year.

The above rules have been properly voted upon by the General Membership at the November 2009 General Membership Meeting.

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James A. Sweeney Memorial Scholarship Application

The application must be postmarked no later than March 15, 2011

Mail to: WMAL; Attn: James A. Sweeney Scholarship; PO Box 2706; Grand Rapids, MI 49501

Applicant's Information

Have you filed a financial aid statement with the financial aid office applying for financial aid? Yes No

Scholarship Applicant's Name: _____

Applicant's Home Address: _____

Applicant's Home Phone Number: _____

Applicant's High School: _____

APWU Member (Sponsor's) Information

Have you been a member of the Western Michigan Area Local for over one year? Yes No

Parent or Guardian's Name: _____ Craft: _____

Work Location / Office Pay Location: _____

Home Address: _____

Home Phone Number: _____

Work Phone Number: _____

WMAL Office Information (To be completed by the Scholarship Committee)

Date of Postmark on Application: _____ Verified by: _____

Membership Verification of One Year prior to submission? Yes No Verified by: _____

Drawing Number Application is Assigned: _____