

UNITED STEELWORKERS DISTRICT 1 WOMEN OF STEEL SCHOLARSHIP

Application for Academic or Technical/Trade/Online Scholarship

MAIL TO: USW District 1
Women of Steel Scholarship Committee
2400 Munson Street NW, Suite D
Canton, OH 44718

DEADLINE: TO BE CONSIDERED, APPLICATION TOGETHER WITH 1) COPY OF THE CURRENT HIGH SCHOOL TRANSCRIPT; CERTIFICATIONS BY 2) HIGH SCHOOL AND 3) LOCAL UNION; AND 4) ESSAY, MUST BE RECEIVED IN THE CANTON, OHIO OFFICE NO LATER THAN FRIDAY, JUNE 20, 2025, BEFORE 3:00 P.M. EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATION INFORMATION (PLEASE PRINT)

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE: (____) _____ EMAIL: _____

NAME OF HIGH SCHOOL _____

DATE WHEN GRADUATED OR WHEN YOU EXPECT TO GRADUATE _____

APPLYING FOR: () ACADEMIC SCHOLARSHIP; or () TECHNICAL/TRADE/ONLINE SCHOLARSHIP

I will graduate with a minimum GPA of 2.8. Check one: YES _____ NO _____

The transcript for the first half of graduating year and must state a GPA to be eligible.

MEMBER INFORMATION

TO BE ELIGIBLE TO APPLY FOR THIS SCHOLARSHIP, APPLICANT'S PARENT, STEP-PARENT OR LEGAL GUARDIAN MUST BE AN ACTIVE, FULL DUES PAYING MEMBER OR RETIREE OF THE UNITED STEELWORKERS IN DISTRICT 1.

NAME OF MEMBER _____
(First) (Middle) (Last)

ADDRESS OF MEMBER _____
(Street) (City) (State) (Zip)

LOCAL UNION NO. _____ **SPECIFIC RELATIONSHIP TO APPLICANT** _____

EMPLOYED AT OR RETIRED FROM _____
(Company Name) (City)

If Retired, Date of Retirement _____ (must be after 6/30/2014) (OVER)

For Office Use Only

Completed Application () Yes () No
Essay Attached () Yes () No
Transcript Attached () Yes () No

Date Received _____
High School Certification Attached () Yes () No
Local Union Certification Attached () Yes () No

UNITED STEELWORKERS, DISTRICT 1 WOMEN OF STEEL SCHOLARSHIP

CERTIFICATE OF LOCAL UNION OFFICIAL

APPLICANT'S NAME _____

I CERTIFY THAT I HAVE EXAMINED THE STATEMENTS OF THE APPLICANT NAMED ON THE APPLICATION FORM. STATEMENTS IN REGARD TO ACTIVE, FULL DUES PAYING UNION MEMBERSHIP OR RETIREMENT (AFTER 6/30/2014) OF PARENT, STEP-PARENT OR LEGAL GUARDIAN ARE IN ACCORDANCE WITH OUR RECORDS.



SIGNED _____

PRINT NAME _____

TITLE _____

ADDRESS _____

LOCAL UNION NO. _____

**CERTIFICATE OF
HIGH SCHOOL PRINCIPAL/GUIDANCE COUNSELOR**

APPLICANT'S NAME _____

I CERTIFY THAT THE APPLICANT NAMED ON THIS APPLICATION FORM GRADUATED OR WILL GRADUATE WITH AT LEAST A 2.8 CUMULATIVE GRADE POINT AVERAGE FROM:

_____ ON _____
(Name of High School) (Date)

SIGNED _____

PRINT NAME _____

THIS _____ DAY OF _____, 20____

TITLE _____

******* INCLUDE TRANSCRIPT WITH CERTIFICATION. *******

**TRANSCRIPT MUST CONTAIN GRADES FOR THE FIRST HALF OF THE GRADUATING YEAR.
THE TRANSCRIPT MUST STATE A GPA TO BE ELIGIBLE.**