

# 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  
4200 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)

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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. \_\_\_\_\_

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**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.**