

APPLICATION PROCEDURE

Applicants must submit this completed four (4) page application package and the related materials listed below to the Scholarship Committee **on or before June 21, 2016**. The application will not be considered complete, and will not be reviewed, until all the information has been received.

If the application is not completed by the deadline, the applicant will not be included in the applicant pool. All materials should be sent to: **NPMHU – Local 303 ATTN: Chester L. Allbritton Scholarship Program, 11139 S. Western Avenue Los Angeles, California 90047.**

ADDITIONAL SCHOLARSHIP APPLICATION INFORMATION

- When submitting your **completed** application, please include your typed essay and completed application form, two letters of reference, High School and/or College transcripts. **Applicants must include this information and be completed by the deadline in order to be considered by the Scholarship Committee.**
- Information on the status of an application **cannot be provided at any time during the consideration process.** All applicants will be notified when the scholarship recipients are announced beginning on or about July 18, 2016.

CALENDAR

*Scholarship application period	March 21, 2016 – June 21, 2016
*Scholarship application deadline	June 21, 2016 (postmark date)
*Scholarship judging period	June 27, 2016 – July 8, 2016
*Scholarship notification period	July 8, 2016 – July 15, 2016

CHECKLIST

___ Completed scholarship application.

___ Completed Essay. (Typed double-spaced, of no less than 300 words. The subject matter of the essay is “**My Future Goals & Aspirations**”.)

___ Two (2) completed sealed letters of reference from a Teacher and other Adult who is familiar with your achievements and abilities. Instruct your reference to sign his/her name across the seal of the envelope.

___ Sealed High School and/or College transcripts.

___ All applications must be postmarked by June 21, 2016 and sent by the U.S. Postal Service via trackable mail to the following: **NPMHU – Local 303, ATTN: Chester L. Allbritton Scholarship Program 11139 S. Western Avenue, Los Angeles, California 90047.**

**CHESTER L. ALLBRITTON SCHOLARSHIP PROGRAM
NPMHU – LOCAL 303, 11139 S. WESTERN AVENUE, LOS ANGELES, CALIFORNIA 90047**

BIOGRAPHICAL QUESTIONNAIRE

(Please fill out the following application as neatly, completely and accurately as possible)

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (APT#) (CITY) (STATE) (ZIP)

APPLICANT'S E-MAIL ADDRESS: _____

BIRTHDATE: _____
(MM/DD/YYYY)

NAME OF NPMHU-LOCAL 303 MEMBER RELATED TO APPLICANT:

USPS EMPLOYEE ID NUMBER (EIN #): _____

POSTAL FACILITY WHERE MEMBER WORKS: _____

WHAT IS THE RELATIONSHIP TO THE NPMHU-LOCAL 303 MEMBER
(circle one):

Son/Daughter

Other (please explain) _____

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List any scholastic honors you have received (prizes, scholarship awards, memberships in honor societies, etc.) and any school clubs, sports, volunteer work, or other extra-curricular school activities that you participated in and would like the Scholarship Committee to consider (applicants are encouraged to attach additional pages to document these various honors and activities). Please attach a separate page, if necessary.

I certify that the statements made in this application for the National Postal Mail Handlers Union – Local 303 Scholarship Program are complete and accurate. I will promptly inform the Scholarship Committee in writing, if there is any change in any of the facts indicated herein. I understand that providing false, misleading or incomplete information will result in immediate revocation of any offer of a scholarship.

Signature of Applicant _____ Date _____

Name of High School Principal: _____ Phone: _____

Name of Guidance Counselor: _____ Phone: _____

SAT or ACT Scores

Test Taken: _____ Date Taken: _____ (Score) Verbal: _____ Math: _____ Total: _____

Parent or Guardian (Member): Must be current in the payment of dues two (2) years immediately prior to application period of March 21, 2016.

Parent/Guardian Name: _____
(Last) (First) (Middle) (Employee ID#)

Address: _____
(Street) (Apt#) (City) (State) (Zip)

Phone #: _____ Cell#: _____ E-Mail Address: _____

Signature of Member: _____

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