

**MARTIN DUFFY  
ADULT LEARNER  
SCHOLARSHIP AWARD**

**AWARD:**

\$500 TUITION SCHOLARSHIP FOR USE AT ANY ACCREDITED UNIVERSITY, COLLEGE OR VOCATIONAL SCHOOL. TWO SCHOLARSHIPS ARE AWARDED EACH YEAR.

Winners to be selected by Lot

No academic performance standards or records required for eligibility.  
Awards must be used within one year of receipt of notification letter.  
Submit only one application per person. Duplicate entries will be disqualified.

**QUALIFICATIONS:**

Applicant must be a member in good standing of a Minnesota AFL-CIO local union; or

An AFL-CIO member on lay-off status who has a valid withdrawal card, has recall rights and was in good standing for six months prior to lay-off; or

A retired or disabled AFL-CIO member who was in good standing in his or her Local Union at the time of retirement or disablement.

**REQUIRED APPLICATION PROCEDURE:**

1. Obtain an application form from your Local Union.
2. Complete application form.
3. Obtain Local Union signature and certification. (If you mail the application to your Local Union, they will approve and then forward it to Labor Education Service at the University of Minnesota.)
4. Mail completed application form to Labor Education Service, University of Minnesota, 321 - 19th Avenue S. #3-300, Minneapolis, MN 55455. Phone: 612/624-5020.
5. The application must be postmarked no later than May 28 of the current year.

**MARTIN DUFFY ADULT LEARNER SCHOLARSHIP  
APPLICATION FORM**

Name: \_\_\_\_\_

Home Address:  
\_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Place of Employment

I am currently:

\_\_\_\_\_ an AFL-CIO member in good standing

\_\_\_\_\_ an AFL-CIO member on lay-off status who has a valid withdrawal card, has recall rights and was in good standing for six months prior to lay-off

\_\_\_\_\_ a retired or disabled AFL-CIO member who was in good standing in my Local Union at the time of retirement or disablement

Please indicate how and where you would plan to use this scholarship. List intended post-secondary institution and your educational goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be Completed by Officer (or Steward) From Your Local:

I certify that \_\_\_\_\_ is currently employed by \_\_\_\_\_  
Applicant

and is a member in good standing of \_\_\_\_\_  
Union  
Local No \_\_\_\_\_ .

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Local Union Secretary-Treasurer or President