



*2022*

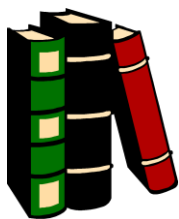
*AFSCME*

*LOCAL 448*

**CYNDI OVERTON**

**Memorial**

**SCHOLARSHIP**



**APPLICATION**

This scholarship serves as a memorial to AFSCME Local 448 Executive Board member Cyndi Overton. She will be remembered by her always present larger-than-life smile. Cyndi was ready to assist anyone whether at church, at home or at work. She epitomizes the kind of parent, friend and coworker that we strive to be. She will be sorely missed in our future endeavors and impossible to replace.

## ***AFSCME LOCAL 448 SCHOLARSHIP Rules – 2022***

**The AFSCME Local 448 Scholarship is for dependent children and/or children of legal guardians who are graduating high school seniors or those attending a Junior College, University for bachelor's degree or Vocational School. Under this program, four applicants will be awarded a one-time scholarship of \$2,000 towards their chosen educational endeavor. The applicant must be enrolled as a fulltime student at a Junior College, College/University or enrolled in a Vocational/Trade School, such as auto mechanics, truck driving, beautician, etc.**

**The scholarship will consist of one payment of \$1,000 during the first semester or half of any accredited school. The second payment of \$1,000 will be paid during the second semester of same, as long as the applicant maintains a "C" average or "is in good standing" and is enrolled as a full-time student. After receiving the award as winner of the scholarship the applicant will be responsible for providing proof of enrollment to Local 448 before receiving the first check of \$1,000. For the second payment of \$1,000 the winner must provide a copy of the grades for the first semester or term.**

**Any graduating high school senior, junior college, university or vocational/trades school student of a current AFSCME Local 448 full member in good standing at time of applying and awarding (parent or legal guardian) and who intends to enroll full-time in any accredited educational facility is eligible to apply for this scholarship. The scholarship may be used for any field of study.**

***The applicant is required to write an essay of 500 words or less, double spaced on the subject, "What I want to do with my education." The essay will be judged on content, context and sincerity. The committee will use the essay to gain insight into the applicant's educational desires and goals. The essay together with the supplemental materials will be used to determine the winner of the scholarship.***

## ***Scholarship Rules (continued)***

**The Scholarship Committee will examine the application materials submitted by each scholarship applicant. An emphasis is placed on the applicant's essay. In addition to the Application requirements, the Scholarship Committee will carefully consider any recommendations or other facts (i.e., high school activities, achievements, academic honors, etc.) of the applicant's character and/or abilities. Failure to submit all required materials in a timely manner may affect the decision of the committee. Failure to submit a complete application packet will result in disqualification.**

**Please make sure your complete application with the required support documentation (essay, transcripts, and letters of recommendation, high school report, and proof of AFSCME Local 448) is postmarked no later than July 1, 2022.**

**THE DECISION OF THE SCHOLARSHIP COMMITTEE IS FINAL.**

### **Reminder**

**This scholarship is NOT for members. It is for member's dependents as stated on Page 1 of these rules.**

**You can only win the scholarship one time. If you have won in the past, please do not apply.**

# Official application form

When completed please return,  
**POSTMARKED NO LATER THAN JULY 1, 2022**

**TO: AFSCME LOCAL 448 Scholarship Program  
Attn: Scholarship Committee  
1302 Institute Blvd  
Dixon, IL 61021**

# ***AFSCME LOCAL 448 SCHOLARSHIP APPLICATION – 2022***

## **HIGH SCHOOL REPORT/COLLEGE/VOCATIONAL REPORT**

**Dear School Counselor:**

**This student is an applicant for an AFSCME Local 448 Scholarship. It is necessary that the Scholarship Selection Committee receive information regarding the student's character, ability and performance. Only the committee will use this information. It is very important that this report be completed and returned to the applicant so that the application can be forwarded to AFSCME Local 448, postmarked no later than July 1, 2022.**

**(Please Print) Use Black Ink or Type**

**Name of Student:**

**Name of and address of School:**

**Who is rating the student?**

**Name:**

**Title:**

**What is your general evaluation of this student?**

**HIGH SCHOOL REPORT/COLLEGE/VOCATIONAL (continued)**

**Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If so, please specify:**

**Other comments:**

**For Those in High School: GPA: \_\_\_\_\_ Class Size: \_\_\_\_\_  
Class Ranking: \_\_\_\_\_**

**For Those in in College or Vocational School: GPA: \_\_\_\_\_**

**Please attach a transcript of the student's grades. Include an explanation of the marking/ranking system used. Do not hesitate to use an attachment for any of the requested information. Thank you.**

**Signature/Title: \_\_\_\_\_**

**Date: \_\_\_\_\_**

# AFSCME LOCAL 448 SCHOLARSHIP APPLICATION- 2022

## TO BE COMPLETED BY THE APPLICANT

**(Please Print) Use Black Ink or Type – If more space is needed you may attach an extra sheet.**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **20** \_\_\_\_\_

**What activities did/do you participate in at your high school, junior college, university, vocational/trade school?**

**List any offices held, academic honors or recognition received in these activities:**

# Scholarship Application (continued)

Indicate the Junior Colleges, Universities, Colleges or Trade Schools to which you have been accepted or have applied for acceptance:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TO BE COMPLETED BY AFSCME LOCAL 448 PARENT OR LEGAL GUARDIAN:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

2. Work Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Check one:  Parent  Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_