



P.O. Box 147, Garden City, NY 11530

Tel: (516) 902 - 1063

Dear Applicant,

We are pleased to announce the Carolyn Jones-Washington Memorial scholarships for 2017. Scholarships in the amount of \$500 each will be awarded.

**OFFICERS** 

President ALAN JENNINGS

1st Vice President LES EASON

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RUTHA BUSH RUBY THOMAS SELINA DURIO RICHARD JOHNSON

President Emeritus: RUDY BRUCE

WEB ADDRESS: LONGISLANDCBTU.ORG In order to be eligible you must meet all requirements. The applicant's parent and or

guardian must be a registered CBTU member or an AFL-CIO Union Affiliate. The application must be completely filled out and all other necessary documents must be attached. It is also very important that you obtain all the required signatures on the application.

(Failure to meet ALL criteria will disqualify your application)

Upon completion of the application, please return all documents including essays to the attention of the Scholarship Committee to the address below and it must be postmarked no later than July 31st, 2017.

CBTU LONG ISLAND CHAPTER SCHOLARSHIP COMMITTEE P.O. BOX 147 GARDEN CITY, NEW YORK 11530

## CBTU LONG ISLAND CHAPTER CRITERIA FOR SCHOLARSHIP

- Parent(s)/guardian must be a member in Good Standing of the CBTU or AFL-CIO Union Affiliate.
- 2. A High School senior or College Freshman.
- 3. Two letters of recommendation from either of the following must be submitted -Dean
  - -Teacher
  - -Academic/Guidance Counselor
  - -Youth Association
  - -Church
- 4. **Student and/or representative MUST BE PRESENT AT** the gala on Thursday 10/26/17 **IN ORDER TO RECEIVE AWARD.**
- 5. An essay of 500 words must be submitted based on one of the following topics.

What do you think it takes to be successful in life?

What contributions have unions made to you and your family?

Deadline: July 31<sup>st</sup>, 2017 (APPLICATION ON REVERSE SIDE)

Coalition of Black Trade Unionists P.O. Box 147 Garden City, NY 11530 516-902-1063

## CBTU LONG ISLAND CHAPTER SCHOLARSHIP APPLICATION

Name:Last	First	MI
Address:		· · · · · · · · · · · · · · · · · · ·
City:		
Home Telephone	Cell Number	
School Name Attending:		
Address:		
City:	_State	Zip Code
Telephone Number:		, , , , , , , , , , , , , , , , , , , ,
Name of Parent/Guardian/Relative:_		
Address if Different:		
Telephone Number:		
Union Affiliation:		
Student's Signature:		
Parent/Guardian Signature:		

(CHECK TO SEE THAT YOU HAVE ALL YOUR DOCUMENTS)