



## Scholarship Request Form

If you wish to apply for a scholarship from NLC, you must complete this form. You will not be considered for financial aid from NLC unless the form is completed and returned to *Student Financial Services, National Labor College, 10000 New Hampshire Avenue, Silver Spring, MD 20903 or fax, (301) 628-0160.*

**Name:** \_\_\_\_\_ **Union:** \_\_\_\_\_

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

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**What is the total amount of financial assistance you will receive from the following sources during the 2009-2010 academic year?**

- |                                   |                 |                               |
|-----------------------------------|-----------------|-------------------------------|
| <input type="checkbox"/> Union    | Amount \$ _____ | <input type="checkbox"/> None |
| <input type="checkbox"/> Employer | Amount \$ _____ | <input type="checkbox"/> None |
| <input type="checkbox"/> Other    | Amount \$ _____ | <input type="checkbox"/> None |

Yearly Income (Joint if married): \$ \_\_\_\_\_

Please attach a copy of one (1) of your latest IRS Form 1040, 1040EZ, Telefile Tax Record, a tax return from Puerto Rico or foreign income tax return. You may request a copy of the Internal Revenue Service form that lists tax account information from your tax preparer.

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

**Please indicate the scholarships for which you are applying (choose only one):**

- Aetna Minority Healthcare Scholarship
- IAM Scholarship
- Joey Parisi Memorial Scholarship (separate application required)
- Jim Crane Scholarship
- John Sweeney Scholarship
- Ken Young Scholarship
- Nadra Floyd Memorial Scholarship (separate application required)
- Stanley Ruttenberg Memorial Scholarship
- Union Plus National Labor College Scholarship
- Winn and Elaine Newman Scholarship

Explain below any other financial commitments or restrictions that will affect paying for your education:

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**I VERIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received: \_\_\_\_\_ Awarded:  No  Yes

Term Applied: Spring 20\_\_ Summer 20\_\_ Fall 20\_\_ Winter 20\_\_

Date Awarded: \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_

Have previous classes been completed?  No  Yes