

# UNITED STEELWORKERS DISTRICT 1 WOMEN OF STEEL SCHOLARSHIP

## Application for Academic or Technical/Trade/Online Scholarship

**MAIL TO:** United Steelworkers  
District 1 Women of Steel Scholarship Committee  
25111 Miles Road, Suite H  
Warrensville Heights, OH 4428

**DEADLINE: TO BE CONSIDERED, APPLICATION, TOGETHER WITH 1) COPY OF THE CURRENT HIGH SCHOOL TRANSCRIPT, CERTIFICATIONS BY 2) HIGH SCHOOL AND 3) LOCAL UNION AND 4) ESSAY, MUST BE RECEIVED IN THE WARRENSVILLE HEIGHTS, OHIO OFFICE NO LATER THAN FRIDAY, JUNE 21, 2024, BEFORE 3:00 P.M. EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

### APPLICATION INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

DATE WHEN GRADUATED OR WHEN YOU EXPECT TO GRADUATE \_\_\_\_\_

APPLYING FOR: ( ) ACADEMIC SCHOLARSHIP; or ( ) TECHNICAL/TRADE/ONLINE SCHOLARSHIP

I will graduate with a minimum GPA of 2.8. Check one: YES \_\_\_\_\_ NO \_\_\_\_\_

**The transcript for the first half of graduating year and must state a GPA to be eligible.**

### MEMBER INFORMATION

TO BE ELIGIBLE TO APPLY FOR THIS SCHOLARSHIP, APPLICANT'S PARENT, STEP-PARENT OR LEGAL GUARDIAN MUST BE AN ACTIVE, FULL DUES PAYING MEMBER OR RETIREE OF THE UNITED STEELWORKERS IN DISTRICT 1.

NAME OF MEMBER \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS OF MEMBER \_\_\_\_\_  
(Street) (City) (State) (Zip)

LOCAL UNION NO. \_\_\_\_\_ **SPECIFIC RELATIONSHIP TO APPLICANT** \_\_\_\_\_

EMPLOYED AT OR RETIRED FROM \_\_\_\_\_  
(Company Name) (City)

If Retired, Date of Retirement \_\_\_\_\_ (must be after 6/30/2014) (OVER)

#### For Office Use Only

Completed Application ( ) Yes ( ) No  
Essay Attached ( ) Yes ( ) No  
Transcript Attached ( ) Yes ( ) No

Date Received \_\_\_\_\_  
High School Certification Attached ( ) Yes ( ) No  
Local Union Certification Attached ( ) Yes ( ) No

**UNITED STEELWORKERS, DISTRICT 1**  
**CERTIFICATE OF LOCAL UNION OFFICIAL**

I CERTIFY THAT I HAVE EXAMINED THE STATEMENTS OF THE APPLICANT NAMED ON THE APPLICATION FORM. STATEMENTS IN REGARD TO ACTIVE, FULL DUES PAYING UNION MEMBERSHIP OR RETIREMENT (AFTER 6/30/2014) OF PARENT, STEP-PARENT OR LEGAL GUARDIAN ARE IN ACCORDANCE WITH OUR RECORDS.



SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

LOCAL UNION NO. \_\_\_\_\_

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**CERTIFICATE OF**  
**HIGH SCHOOL PRINCIPAL/GUIDANCE COUNSELOR**

I CERTIFY THAT THE APPLICANT NAMED ON THIS APPLICATION FORM GRADUATED OR WILL GRADUATE WITH AT LEAST A 2.8 CUMULATIVE GRADE POINT AVERAGE FROM:

\_\_\_\_\_ ON \_\_\_\_\_  
(Name of High School) (Date)

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

TITLE \_\_\_\_\_

\*\*\*\*\* **INCLUDE TRANSCRIPT WITH CERTIFICATION.** \*\*\*\*\*

**TRANSCRIPT MUST CONTAIN GRADES FOR THE FIRST HALF OF THE GRADUATING YEAR.  
THE TRANSCRIPT MUST STATE A GPA TO BE ELIGIBLE.**