



# LABORERS' LOCAL 225

8270 South Archer Avenue, Willow Springs, IL 60480 • (708) 467-0600 • Fax: (708) 467-0606



## 2021 LiUNA Local #225 Continuing Education Scholarship Program

### **Eligibility**

Each candidate must be:

1. A member in good standing of LiUNA Local #225, for a minimum of two years at the time of application, or, a legal spouse, child or ward of a member in good standing of LiUNA Local #225.
2. Currently enrolled in a degree program at a community college or a 4-year accredited college or university.
3. Children and spouses of LiUNA Local #225's scholarship committee are ineligible for this program.

### **Entry Requirements**

The following information is required from each candidate:

1. A completed application.
2. One, or more, letters of recommendation completed by a school faculty member, employer, or an adult not related to the student.
3. An official transcript of all current school records.

### **Awards**

1. Five, \$1,000 scholarships will be awarded (subject to change).
2. LiUNA Local #225 will present the scholarship funds directly to the recipient, with the check payable to the college or university.
3. The scholarship funds are to be used only for tuition, fees and books.
4. Only one scholarship can be awarded to a candidate.
5. Award recipients will be notified by U.S. Mail. The scholarship awards will be presented at the start of the May membership meeting. Award recipients are required to attend the presentation at the start of the meeting.

### **Judging**

1. Sole authority for granting the scholarship awards resides with LiUNA Local #225's scholarship committee. The award recipients are selected on the following criteria:
  - a. Academic performance.
  - b. Community service.
  - c. Employment experiences.
  - d. Personal references.

### **Deadline**

Each entry, including all required information, must be hand delivered during normal business hours, or sent by certified U.S. Mail by **March 15, 2021**. Submit application to:

**LiUNA Local #225  
Scholarship Program  
8270 S. Archer Ave.  
Willow Springs, IL 60480**

# **Application for LiUNA Local #225's 2021 Continuing Education Program**

## **Directions:**

- All sections must be completed. Use "N/A" if question does not apply.
- Application must be postmarked or hand delivered no later than **March 15, 2021**.
- Appearance and completeness will be considered during evaluation.

## **Personal Information:**

Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check only one: ☐ The applicant is a member in good standing of LiUNA Local #225.  
☐ The applicant is a spouse of a member of LiUNA Local #225.  
☐ The applicant is a child or ward of a member of LiUNA Local #225.

I, \_\_\_\_\_ (Members Name) affirm that the applicant  
listed above is my legal spouse or child. \_\_\_\_\_.

Members Signature

## **Scholastic Information:**

College/University currently enrolled at: \_\_\_\_\_

\_\_\_\_\_  
School Address City State Zip

Area of Study/College Major: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Scholastic Awards or Honors: \_\_\_\_\_

**Community Activities:**

List the community activities and dates of participation:

---

---

---

---

**Employment Information:**

Directions: List below employment, full or part-time, and briefly explain duties and responsibilities. List your most recent job first.

1. Company name and type of business: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Hours per week \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

2. Company name and type of business: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Hours per week \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

3. Company name and type of business: \_\_\_\_\_

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

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Hours per week \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_