## H. B. "Scoop" Slack Memorial Scholarship

## **Application Form**

Applicant must be a high school senior, who is the child of a current or deceased member of a union affiliated with the Burlington County Central Labor Council AFL-CIO.

Applicant's name:	-		
	(Last)	(First)	(MI)
Home Address:			
	(Number & Street)		
	(City)	(State)	(Zip)
Telephone:		Date of Birth	
I will graduate from		High :	School, located in
		New Jersey, in the sc	hool year of 2023
Interview your Parent(		esponse to the following question:  parent(s) to join a union? Who	at factors would
	Verification of U	nion Membership	
The Secretary of the local to submit this application	union to which your parer	nt/guardian is a member must verif	y your eligibility
This is to certify that		has b	een a member of
	in good stand g with the Burlington Coun	ding for the past twelve months. T	
good standing	, the barmigton coun	e, Eddor Council, Al E-Clo.	
Date:S	Secretary Signature:		

## **Academic Verification**

Student Name:				
(Last)	(First)	(MI)		
Address:				
	(Street & Number)			
(City)	(State)	(Zip)		
High School Name:				
Address:				
	(Street & name)			
(City)	(State)	(Zip)		
Applicant will attend:				
	(College, university, technical school	ol)		
Combined SAT Scores				
Date:				
	(Guidance	(Guidance Counselor)		
[School Seal]				

## Please Attach Official Transcript

Student: Return your application, which includes Verification of Membership; the Academic Verification form; an official High School Transcript; and your Essay to Michele Liebtag, of the Scholarship Committee, at the address below. Applications must be postmarked or emailed no later than May 12, 2023.

Scholarship Committee
Burlington County Central Labor Council, AFL-CIO
c/o Michele Liebtag
CWA Local 1036
1 Lower Ferry Rd.
West Trenton, NJ 08628
mliebtag@cwa1036.org

Legibility is a Plus!