



SEIU NORA PIORE Scholarship Program

Application 2010-2011

Application Instructions:

1. Complete all sections of the application. (Incomplete applications will be disqualified.)
2. Using the application checklist on the next page, confirm you have completed all steps necessary.
3. **No later than March 1**, complete your application online by going to **aim.applyists.net/np**.
If you are applying on paper, mail or fax your complete application to:

SEIU Scholarship Program
c/o ISTS
 P.O. Box 23737
 Nashville, TN 37202-3737
 FAX (615) 320-3151

Your application must be postmarked or faxed by March 1.

Student Information:

First	MI	Last
Permanent Mailing Address		Apartment
City	State	ZIP
Date of Birth (MM/DD/YYYY)	E-Mail	Phone

Optional Additional Information:

Race/Ethnicity:

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Arab/Chaldean |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Native Hawaiian/Pacific Islander |

Gender: Male Female

How did you hear about the program?

- | | | |
|--|--|---|
| <input type="checkbox"/> SEIU.org | <input type="checkbox"/> Local Union Newsletter | <input type="checkbox"/> Local Union Website |
| <input type="checkbox"/> Local Union Meeting/Event | <input type="checkbox"/> Local Union Staff | <input type="checkbox"/> Local Union Leader/Steward |
| <input type="checkbox"/> Community Newspaper | <input type="checkbox"/> Another Applicant/Word-of-Mouth | <input type="checkbox"/> Other_____ |

SEIU Member Information:

Eligible Member: My parent/stepparent/guardian Myself

Name of Member	Member Date of Birth (MM/DD/YYYY)
Membership Start Date (MM/YYYY)	Local Union Number (ex: 1099)
Local Union Phone #	Name of Employer
Member Home Mailing Address (if different from applicant address)	Apartment
City	State ZIP

Work Experience

List the last three jobs you have held the longest (e.g. food server, babysitting, lawn mowing, office work, etc.). Indicate the number of years spent on the job and an approximate number of hours worked each week.

Employer	Position	To—From Dates	Hours(average per week)

Personal Statement

Please include your name in the upper left corner of the page, and attach it to your application. In 500 words or less, describe:

- Why you want to be a healthcare professional and what role you think healthcare professionals can play in healthcare reform?

OR

- What healthcare activism means to you and how you plan to use your degree.

Application Checklist

You may use the following checklist to ensure the application process is complete. All documents must arrive in the same package for the submission to be considered complete. Incomplete applications will not be considered.

- I have attached my application.
- I have attached my high school record.
- I have attached copies of ACT and/or SAT scores (if not documented on high school record).
- I have attached my college transcript(s) (for college students only).
- I have attached my personal statement.
- I understand these documents may be scanned and agree not to staple, paper clip or otherwise attach documents together.
- I have photocopied my entire submission for my files.

Certification

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand it is my responsibility to make sure this application is completed and mailed by the required postmark deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the postmark deadline, I may be disqualified from the scholarship competition and may not be considered for a scholarship.

This application, upon receipt, becomes the property of the scholarship sponsor, and of ISTS, the administrators of the scholarship program.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.

Applicant's Signature

Date

Parent's Signature (If the student is under 18 years old)

Date