

# Neville B. Crippen Grant-In-Aid

This quarterly award was established to help members advance their education or improve skills.

Please attach pertinent information regarding your financial obligations, including monthly income, amount of rent/mortgage payment, child support, car payment, utilities, loans, and additional income such as interest income or child support that would be helpful in assessing your financial need.

Need help? Call the Member Connection Center at 833-MCC-WFSE (1-833-622-9373).



Applicant name: \_\_\_\_\_

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

street

city

zip

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Current job class: \_\_\_\_\_

Status:    Full time    Part time    Hours per week: \_\_\_\_\_

Member's local union number: \_\_\_\_\_    Membership join date: \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_

Number and ages of dependents: \_\_\_\_\_

Your career goals: \_\_\_\_\_

How many further requirements do you have before reaching your career goals?

\_\_\_\_\_

Course requested: \_\_\_\_\_

Institution or school: \_\_\_\_\_

How does this course relate to your career goals?

\_\_\_\_\_

Credit hours per quarter: \_\_\_\_\_    Dates of course: \_\_\_\_\_

Associated costs:

Tuition: \_\_\_\_\_    Books: \_\_\_\_\_    Miscellaneous: \_\_\_\_\_

*In applying for this scholarship, I certify that all of the facts contained herein are correct.*

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## **RULES AND PROCESS**

1. The Scholarship Committee will administer the program.
2. All funds set aside for the program shall be available for grants-in-aid solely for or in connection with educational purposes or the improvement of one's skills. Financial need will be a consideration.
3. Those eligible for grants shall be members in good standing of the Washington Federation of State Employees, Council 28, AFSCME, AFL-CIO, A grant recipient is eligible to have dues waived for the period of time the individual is a full-time student and is not receiving wages from the State.
4. Each grant request shall be submitted to the committee on the form provided at least 30 days prior to the date the course begins. .
5. The maximum grant to any one individual shall be the quarterly or semester registration fee at the school of choice, plus allowance for connected expenses upon presentation of receipts. The grant to any one individual shall not exceed \$500 per quarter.

***Deadline: Submit your application at least 30 days before the start date of the course.***

### **Neville B. Crippen Grant Application Checklist**

- ❑ Application filled out in full
- ❑ Please attach pertinent information regarding your financial obligations, including monthly income, amount of rent/mortgage payment, child support, car payment, utilities, loans, and additional income such as interest income or child support that would be helpful in assessing your financial need.

#### **Submit to:**

AFSCME Council 28/  
WFSE Scholarship  
Committee  
1212 Jefferson St SE,  
Suite 300, Olympia, WA  
98501  
Fax: 360-352-7608