



National Postal Mail Handlers Union-Local 305

4907 Fitzhugh Avenue, Suite 100

Richmond, VA 23230-3533

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NPMHU LOCAL 305 SCHOLARSHIP PROGRAM FOR 2020 SCHOOL YEAR

The National Postal Mail Handler Union Local 305 is pleased to offer the opportunity for Dependents of regular craft members to apply for scholarship assistance from the NPMHU LOCAL 305 Scholarship Program. Specific eligibility requirements for the program are detailed below.

This scholarship has been providing assistance to deserving recipients since 1988.

SCHOLARSHIP ELIGIBILITY AND APPLICATION INSTRUCTIONS

The purpose of the National Postal Mail Handlers Union Local 305 Scholarship Program is to provide educational opportunities for Eligibility Dependents of Union Members by providing financial assistance to those who meet the conditions of eligibility and who are selected pursuant to Article III.C. of Local 305's Voluntary Employee Benefit Association trust fund.

ELIGIBILITY

1. Article III, Section: Benefit Eligibility-To qualify as a participant in this Plan a person must be an Eligible Dependent of a Member, must have received a high school degree or is equivalent within the preceding four years, and must be entering a public or private institution of higher learning for the first time in the Plan Year for which he/she applies for Scholarship Plan Benefits.
2. Members must be current in the payment of his/her Union dues for two years immediately prior to March 2, 2020.
3. Applicants must follow and complete the Application Procedure set forth below.



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4. To ensure that their college or other post-secondary institution receives the Scholarship funds awarded, each successful applicant will be required to provide the Scholarship Committee with written verification that he/she has been accepted by an accredited institution of higher learning, including a two-or four-year college, vocational institution, trade or technical school, or other institute of higher learning. (*Students pursuing graduate degrees are not eligible to receive a scholarship*). This written verification is not needed until after a scholarship is awarded.

APPLICATION PROCEDURE

Applicants must submit complete applications and the related materials listed below to the Scholarship Committee **on or before May 1, 2020 by the Close of Day at 5:00 pm to 4907 Fitzhugh Avenue, Suite 100, Richmond VA 23230**. The application will not be considered complete, and will not be reviewed, until all the information has been received. If application is not complete, by the deadline, the applicant will not be included in the application pool. All materials should be sent to: Scholarship Committee, National Postal Mail Handlers Union Local 305, 4907 Fitzhugh Avenue, Suite 100, Richmond VA 23230.

ADDITIONAL SCHOLARSHIP APPLICATION INFORMATION

When submitting your **completed** application, please include your written essay and completed application form, two letters of reference, proof of dependency, and high school transcripts. Applications must include all of the above listed items by the deadline in order to be considered by the scholarship committee. Information on the status of an application cannot be provided at any time during the consideration process. All applicants will be notified when the scholarship winners are announced between June 8-12, 2020.

CALENDAR

◆ Scholarship Application period	March 2, 2020-May1, 2020
◆ Scholarship Application deadline	May 1, 2020 (received by COB; 5:00 PM)
◆ Scholarship judging period	May 1, 2020-June 2, 2020
◆ Scholarship notification period	June 8, 2020-June 12, 2020

CHECKLIST

- ⇒ Complete scholarship application
- ⇒ Complete Essay (Written essay of no more than 500 words describing the applicant's life experiences, extracurricular activities, work history and aspirations.
- ⇒ Completed letters of reference
- ⇒ 2019 signed tax form or other current proof of dependency.
- ⇒ Review and Sign application.
- ⇒ Official high school transcript (including standardize test scores)



BIOLOGICAL QUESTIONNAIRE

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (APT.) (CITY) (STATE) (ZIP)

APPLICANT'S PHONE: _____ CELL PHONE: _____

BIRTH DATE: _____ APPLICANT'S SOCIAL SEC # (last 4): _____

NAME OF NPMHU 305 MEMBER RELATED TO APPLICANT: _____

LOCAL 305 MEMBER EMPLOYMENT IDENTIFICATION #: _____

POSTAL FACILITY WHERE MEMBER WORKS: FACILITY NAME: _____

WHAT'S THE RELATIONSHIP TO THE LOCAL 305 MEMBER (CIRCLE ONE):

SON DAUGHTER OTHER (PLEASE EXPLAIN): _____

List all High Schools, Colleges, and Universities attended.

Schools	Name of Institution	Location	Dates of Attendance	Degree Awarded	Date Degree Awarded or expected
Secondary or High School					
College or Universities					

Please list your most recent full-time or part-time employment and/or military services, or internship, if any.

From	To	Name and Address of Employer	Reason for leaving	Hours worked per week



List any schools honors you have received (prizes, scholarship awards, membership in honor societies, etc.) and any school clubs, sports, volunteer work, or other extracurricular school activities that you participated in, and would like the Scholarship Committee to consider (applicants are encouraged to attach additional pages to document these various honors and activities). Please attach a separate page if necessary.

Name of High School Principal: _____ Phone: _____

Name of Guidance Counselor: _____ Phone: _____

I certify that the statements made in this application for the National Postal Mail Handlers Union Scholarship are complete and accurate. I will promptly inform the Scholarship Committee in writing, if there is any change in any of the facts indicated herein. I understand that providing false, misleading or incomplete information will result in the immediate revocation of any offer of a scholarship.

Signature of Applicant

Date

Parent or Guardian (Member): Must be current in the payment of dues (2) two years immediately prior to the application period of March 1, 2019. Enclosed a copy of your 2018 signed tax form or any other current legal document verifying that the student for which you are applying is currently your dependent. **(Must be received by May 1, 2020 CLOSE OF BUSINESS deadline).**

Parent/Guardian Name: _____
Last First M.I. EIN

