



Working Assembly of Governmental



Employees

GUIDELINES FOR APPLICATION FOR WAGE SCHOLARSHIP

The Working Assembly of Governmental Employees (WAGE) Board of Directors has established an annual scholarship fund for award to a WAGE affiliate that has qualified nominees under the following guidelines:

1. Eligible nominees shall be a member of, or a first-degree dependent of, a member organization in good standing of the Working Assembly of Governmental Employees (WAGE).
2. Such nominees shall be interviewed and qualified under the rules outlined in the scholarship application. Such interviews shall be conducted by a committee established by the WAGE affiliate.
3. WAGE affiliate committee shall be diligent in the verification of information as described in the nominee application.
4. All nominees shall be valued in the following areas:
 - a. Character
 - b. Leadership qualities
 - c. Service to others
 - d. Financial need
 - e. Scholastic ability and initiative
5. Each member organization of WAGE shall be allowed ONE nominee as representative of the organization and shall forward this application to their respective Board Member for WAGE.
6. The WAGE Board of Directors after due consideration of each nominee and if desired, consultation with the nominating organization, shall award by majority vote a five hundred dollar (\$500) scholarship to be used in the ensuing school year.
7. Payment will be made directly to the institution of higher learning.



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APPLICATION REQUIREMENTS

All of the required information on this application must be met in order to have a valid application. You will need:

- two written references from non family members
- most recent official school transcript(s)
- one page essay on why this scholarship is important to you

This application must be forwarded to the local WAGE affiliate by **June 15, 2019** to allow the local committee to make a selection and forward it to the WAGE selection committee.

PLEASE NOTE: This scholarship is a one-time only offer in order to provide other qualified candidates an opportunity to take advantage of this scholarship.



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Full Name: _____ DOB: _____

Physical Address: _____

Mailing Address if different: _____

Father's/Guardian's Name : _____

Address: _____

Occupation: _____ Annual Income \$ _____

Names, Ages, Relationship of Dependents: _____

Mother's/Guardian's Name: _____

Address: _____

Occupation: _____ Annual Income \$ _____

Names, Ages, Relationship of Dependents: _____

To which WAGE organization do you or your parents belong? _____

Income from all sources \$ _____

Have you been accepted for post-high school education? Yes No Date: _____

Name of school: _____

Address: _____

What courses do you plan to take?

Length of course (years, months, etc.): _____