Kent Hospital Local 5008

SCHOLARSHIP FUND

APPLICATION FORM

Name	Date of Birth_	Phone			
Address					
City	State	Zip			
List school or schools to whi	ch you have applied or b	een accepted.			
	Applied _	_ Accepted			
	Applied _	_ Accepted			
	Applied _	_ Accepted			
In the space below briefly de	escribe your educational	goals.			
List any extracurri	cular and/or community	activities you've			
been involved in.					
Signature of Applicant:	Da	nte:			
Verification of Eligibility	(must be completed by l	JNAP member)			
UNAP member name	Employer				
Dept	Job Title				
Relation to applicant		_			
(son/daughter/self).					
Signature of Local President:	I	Date:			

REQUIRED ESSAY (250 – 500 Words)

What are the most important issues facing a Healthcare Union today?