

**Southwestern District Labor Council, AFL-CIO**  
**Charles A. Spurlock Scholarship**  
**Marshall University**

Application for ( \_\_\_\_\_ ) academic year.

Student full name:

\_\_\_\_\_

Permanent Address :

\_\_\_\_\_

City

State

Zip

Telephone:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

Date Admitted to Marshall University:

\_\_\_\_\_

By submitting this application, I verify that I am either:

\_\_\_\_\_ A member of the Southwestern District Labor Council, AFL-CIO.

\_\_\_\_\_ A dependent of a Southwestern District Labor Council, AFL-CIO member currently employed, retired, disabled or deceased.

\_\_\_\_\_ Name of active, retired, deceased or disabled member.

Student Signature

Date

\_\_\_\_\_

**Applicant please complete and submit this application to a Southwestern District Labor Council, AFL-CIO representative by March 1<sup>st</sup>.**

\*\*\*\*\*

This verifies the above named student is eligible to apply for this scholarship:

Signature:

Date:

\_\_\_\_\_

Southwestern District Labor Council, AFL-CIO representative.

Council representative, please submit completed application to the Office of Student Financial Assistance, Marshall University, by April 1<sup>st</sup>.

**UNITY**

**DIRECTION**

**PURPOSE**