SCHOLARSHIP RENEWAL APPLICATION

To Do List for Applicants

1. Review the application now.
2. Have your sponsor verify their eligibility: your sponsor must be a currently employed union member, whose employer participates in the STEP Fund AND has paid into the Fund on behalf of the union member for a total of 12 months out of last 18 months.
3. Check your eligibility: have had fewer than 8 semesters of support from the Fund.
4. Gather supporting documents.
5. **BEFORE** June 15, and as soon as final transcripts are available: ask your university's registrar/administration office to send an official transcript **directly** by your University/College to the Scholarship Coordinator. (Transcripts can be emailed by the university/college to: scholarships@steptraining.org) If you are having trouble with getting an official transcript, let us know.
6. **If your GPA is below what we require for renewal**: please make sure to answer the questions at the end of this application in a separate letter. If applicable, submit any letters of support from tutors/mentors/professors/counselors that show you are actively seeking ways of improving your academic performance.

Questions?

Text 301-876-4419 or email scholarships@steptraining.org

SECTION ONE: SPONSOR INFORMATION (Union Member):

To be eligible to sponsor a scholar:

- Currently employed with a union employer who is participating in the fund
- Your employer has paid into the fund on your behalf for at least 12 of the last 18 months

Last Name: First Name: Middle Int.:

Soc. Sec. #: ☐☐☐ - ☐☐ - ☐☐☐☐ Relationship to Student:

Address: Apt.#:

City: State: Zip Code:

Employer: Name of Location Where You Work:

Date of Hire at Current Employer: Month_____ Year_____

Cell Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Can we text you? Yes☐ No ☐

Home Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

SECTION TWO: To Be Completed By STUDENT Academic Year: 20

To be eligible you must:

- Have a GPA of at least 2.7 from the last year. Exceptions for special circumstances:
  - Please see additional questions below
- Have had fewer than 8 semesters of support from the Fund.
- Be attending a not-for-profit accredited university or college.

Last Name: First Name: Middle Int.:

Soc. Sec. #: ☐☐☐ - ☐☐ - ☐☐☐☐

Mailing Address: Apt.#:

City: State: Zip Code:

Email:

Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Home Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Cell Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Can we text you? Yes☐ No ☐

Permanent address if different from above: Apt.#:

City: State: Zip Code:

Email:

Name of University/College you attended last year: _____

Name of University/College you will attend this year, **if different from last year**: _____

Major or course of study:_____

Cumulative GPA from last year: _____

This coming academic year you will be a: Sophomore ☐ Junior☐ Senior ☐

Anticipated date of graduation: ☐☐ / ☐☐
Month Year

Anticipated Degree: Associates Degree ☐ Bachelor of Arts ☐ Bachelor of Science ☐

Number of credits you plan to take in Fall: _____ In Spring: _____

Number of credits your college or university considers to be a full course load _____

Will you receive any other scholarships or financial assistance for the coming year? Yes☐ No☐

If yes, please describe the source and amount of support:

SECTION THREE: SCHOLARSHIP PAYMENT INFORMATION

Make sure you provide a COMPLETE mailing address, including office number or PO Box where payment should be sent. Please note that your university/college may require external scholarships to be sent to a specific office. Put that here.

Name of University or College: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Identification Number for Check

You will need to submit an invoice/tuition bill showing the total amount owed for the coming year. AN ESTIMATE of amount you will need for the year is not sufficient!

ADDITIONAL EXPLANATION IF YOUR GPA FALLS BELOW THE ELIGIBILITY FOR CONTINUED SUPPORT

If your GPA is lower than what is required for renewal, please attach a separate letter answering the following:

1. Why and how do you expect your academic performance to improve next year? (Change in work schedule/hours? Academic advising? Using professor office hours? A new living situation? Addressing health concerns? Switching academic major?)

2. What resources have you identified to help you? (Consider those that are both on and off campus, such as tutors, mentors, network of peers, career and guidance counselors)

3. What remaining requirements do you need to get your degree (specific courses, number of units) and when do you anticipate graduating? If you are currently pursuing an Associate's degree, do you anticipate transferring to a 4-year university? If yes, when?

I have attached:

- Completed application
- Itemized financial statement
- If applicable: A personal letter if your GPA is below 2.7

I have requested:

- An official transcript
- If applicable: a letter from a tutor/professor/Doctor

Submit this application to:

scholarships@steptraining.org

If you need to mail your application, please inform us!

STEP Scholarship Committee
P.O. Box 7633
Silver Spring, MD 20907