UALE Northeast Summer School for Women in Unions and Workers Organizations Students Scholarship Application

| Personal Information | |
|--|--------------------------------------|
| | |
| Name | |
| Organization | |
| Address | |
| City | |
| State | |
| Postal code | |
| Country | |
| Email | |
| Phone Number | |
| How would attending summer school benefit workers? | you, your organization, and your co- |
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What experiences do you bring to the school that may enrich the learning of others?

| What steps have you taken to secure financial support for attending from your local, regional, and national union and/or other organization did you receive? | |
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| Please share any other information you feel we should know about ginancial support for coming to the Summer School. | your efforts to obtain |
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| Please list any other sources of funding and the amount(s) you have attend the Summer School. | e or will receive to |
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| Have you ever received a scholarship from the Northeast UALE Summer School? If so, what year(s)? | |
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| How much financial assistance are you requesting from the Scholarship Committee so that you can attend the Summer School? Please note that some sources of funding may be restricted to partial scholarships that cover up to one-half of the registration cost. | |
| Are you under 35 years old? | |
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