

2025 NH AFL-CIO Linda Horan Scholarship Application

Applicant's Name			
Phone Number			
Email			
Home Address:			
(Street address) (City) (State) (Zip)		
	Union Affili	<u>iation</u>	
Are you a union member?	YesNo		
If you are not a union member, wh	at is your relationship to	a union member?	
Spouse/Self	_ Child/Stepchild	Legal Ward	Grandchild
Union Member's Name			
Union Member's Home Address			
International Union			
Local Union #			
	(for ex	ample, AFT Local 3607)	

Educational Plans

In the fall of 2025, I will be enrolled as an undergraduate at ______ I will be a

_____ Freshman, _____ Sophomore, _____ Junior, _____ Senior

I certify that all of the information I have included in my application is true. I understand that if I am selected for an award, I shall be required to submit proof of undergraduate enrollment in a college, community college, university, or recognized trade school for the fall semester, 2025. I agree that if I am selected for an award, my name and/or photograph may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program.

Date _____

Signature _____

Please Note: In order to be considered for a scholarship, the applicant must complete the union member verification form below.

UNION MEMBERSHIP VERIFICATION FORM

Name of Scholarship Applicant		,
(Name of Union Member)	, am a member in good standing	of
International Union Name	Local #	
Workplace Location		
Signature		
SHOP STEWARD OR UNION REPRESENTATIVE VER	RIFICATION	
I verify that the above information is true and complete	to the best of my knowledge.	
Signature	Date	
Print Name and union position	Phone	
Email		

Return this form with the essay to NH AFL-CIO Scholarship Committee 161 Londonderry Turnpike Hooksett, NH 03106

All application materials must be received no later than 4:00 P.M. on Friday, August 1st, 2025.

Winners will be asked to email a photo for our award announcement.