

**TENNESSEE AFL-CIO LABOR COUNCIL**  
**EDDIE BRYAN SCHOLARSHIP APPLICATION**

*(complete & return to: TN AFL-CIO Labor Council, ATTN: Pat White,  
1901 Lindell Avenue, Nashville, TN 37203.*

*Indicate on envelope Scholarship Application Enclosed)*

Please assign a number to this application. Mark it clearly in the upper right corner on each page  
of the essay.

\_\_\_\_\_ Essay number

Received by: \_\_\_\_\_

Date received \_\_\_\_\_

Official use only-----Do not Write in this box

**Applicant Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expected graduation date** \_\_\_\_\_ **If already graduated, when** \_\_\_\_\_

**Name of High school** \_\_\_\_\_

**Principal** \_\_\_\_\_

**Guidance counselor** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**What college or university do you plan to attend?** \_\_\_\_\_

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Official use only

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Essay number

Parent's Name: Mr. \_\_\_\_\_

Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I am eligible to apply for this scholarship because *Check appropriate box* ( ) I, ( ) My Parent, whose name is \_\_\_\_\_; or

( ) My Grandparent whose name is \_\_\_\_\_

is a member in good standing of Local Union # \_\_\_\_\_ of the

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*Name of international union*

Local Union Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Principal Officer \_\_\_\_\_

Title \_\_\_\_\_

I do hereby confirm that \_\_\_\_\_

*Name listed above as person making applicant eligible*

Is a member of Local Union # \_\_\_\_\_ of \_\_\_\_\_

*International union*

He/She is in good standing with this local union and their dues are paid current.

Comments: \_\_\_\_\_

Signature and title of Local Union's Principal Officer.

*Inside box to be completed by union principal officer*

Official use only


Essay number

**IF THE APPLICANT IS THE MEMBER THIS PAGE DOES NOT NEED TO BE COMPLETED.**

**THIS PAGE MUST BE COMPLETED BY THE UNION MEMBER WHOSE MEMBERSHIP IS MAKING IT POSSIBLE FOR THIS APPLICANT TO PARTICIPATE**

I, \_\_\_\_\_, do hereby promise that  
*Members name*  
the applicant for this scholarship, \_\_\_\_\_,  
*Applicant's name*  
is my \_\_\_\_\_. I further promise that I am a member in  
*Relationship to applicant*  
good standing of Local Union # \_\_\_\_\_ of the \_\_\_\_\_. My dues are paid  
*International union*  
current.

I further promise that I will abide by all rules governing this scholarship including the continuation of my membership with my local union for one year after this scholarship is awarded, if the applicant is chosen as the winner. If I do not keep my membership current or obtain an exception from the Tennessee AFL-CIO Labor Council, I, not the applicant, will immediately upon their request repay the entire amount of the scholarship that has been paid on behalf of the applicant.

Signature of Member: \_\_\_\_\_