Harvard Trade Union Program – AFSCME SCHOLARSHIPS ONLY (Please print or type)

NAME: (in full)			Nickname:	
1	first	Liist		
DATE OF BIRTH	:G	ENDER SOCIA	L SECURITY NO:	
				Last four digits
HOME ADDRESS	S:			
	(street)			(city or town)
	-			
	(state) (zip code)	(country)	(home phone)	(cell phone)
UNION AFFILIA	IION:			
PRESENT LINION	N POSITION:			HOWLONG
rideblivi civici	V1 0311101V.		 -	HOW LONG?
OFFICE ADDRES	SS:			
	full			
	(city or town)	(state)	(zip code)	(country)
	(phone)	(fax)		(e-mail)
Are von seeking a L	Per Wire Mamorial Scholard	uin? (vas)		
Are you seeking a W	Villiam Lucy Scholarship?	(yes)		
PAST UNION AFI	FILIATION(S)/POSITION(S) (Use separate sheet if r	necessary):	
		•	••	
(union)		(from-to)	(position/s)	
		, ,		
(union)		(from-to)	(position/s)	
		, ,	u , ,	
(union)		(from-to)	(position/s)	
		, ,	•	
EDUCATIONAL	EXPERIENCE (Please list all	schools attended and use	a separate sheet if necess	sary):
		<u></u>		
(school)	(location)	(dates)		(degree)
(school)	(location)	(dates)		(degree)
(school)	(location)	(dates)		(degree)

PLEASE	INDICATE A	NY OTHER EXPERIEN	CE THAT YOU TH	INK MAY BE REI	LEVANT:		
	INDICATE CO	OMMUNITY ACTIVITII	ES AND/OR OTHE	R ORGANIZATIO	ON AFFILIAT	HONS:	
OTHER	PERSONAL IN	NTERESTS:					
UPPER	RIGHT HAN	HE FOLLOWING QUE D CORNER OF EACH be how the Harvard U	I PAGE AND RETU	IRN IT WITH YO	OUR COMPI	LETED AI	PPLICATION.
2.	a union leade Words) If vou are see	r. Your goals for your king a William Lucy S acy on such issues as	r union or the labo Scholarship please	r movement are	of particular	r interest. n your coi	(Approximately 500 mmitment to the wo
WHAT T	OPICS WOUL	D YOU LIKE TO SEE (COVERED IN THE	PROGRAMP (Pleas	se list in order	of importa	nce)
DO YOU	J SMOKE?	YES	NO	(circle one)			
		R A NON-SMOKING AP.	ARTMENT MATE?	NO PREFERENCE	YES	NO	(circle one)
	O YOU OR TO	MMODATIONS MAY B YOUR ORGANIZATIO					
signature				·	date	:	
Please r	eturn this cor	noleted application fo	orm and your answ	er to Ouestion 1	to:		

Labor and Worklife Program at Harvard Law School Harvard Trade Union Program 125 Mt. Auburn Street, 3rd Floor Cambridge, MA 02138

Phone: 617-495-9265 - Fax: 617-496-7359