

**UNITED FOOD  
AND  
COMMERCIAL WORKERS  
UNION LOCAL 789**

**KENNETH W. KOKAISEL  
SCHOLARSHIP**



**APPLICATION FORM**

**SCHOOL YEAR  
2010 - 2011**



8. School Presently Attending: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Year: \_\_\_\_\_ Grade: \_\_\_\_\_

What was your grade-point average of your last completed year of school? \_\_\_\_\_

**NOTE:** ***Grade-point average should not be cumulative; it should only reflect your last completed year of school. A copy of your transcript for the last completed year of school must be furnished with this application. You may obtain this information by contacting your school's administrative office and requesting a copy of your transcript for that particular year.***

Post-Secondary Education:

School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

9. Which post-secondary school are you considering attending?  
\_\_\_\_\_

10. What field-of-study do you plan on pursuing? \_\_\_\_\_

11. Expected year of completion? \_\_\_\_\_

12. Please indicate where you will be living during the school year (please check all that apply):

- Parent/s \_\_\_\_\_
- School Campus \_\_\_\_\_
- Renting \_\_\_\_\_
- Own home \_\_\_\_\_



## PART 2: APPLICANT'S FINANCIAL DATA

1. **Adjusted Gross Income** as reported on yours or your parent's or guardian's **2009** Federal Income Tax Return Form 1040, 1040A, or 1040EZ:  
\$ \_\_\_\_\_.

Number of exemptions claimed \_\_\_\_\_

2. Expected Income for **2010**, spouse included, if applicable:

Wages \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

(i.e., child/alimony support, unemployment compensation, welfare payments, workers compensation, social security, etc.)

Total expected **2010** income (spouse included if applicable): \$ \_\_\_\_\_

List names and ages of dependent children if applicable:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**NOTE:** Remember to attach your **completed** 1040 income tax information for current tax year **2009**.

3. State the present balance of all checking and savings accounts owned by the applicant or on which the applicant is entitled to draw as of this date  
\$ \_\_\_\_\_.

4. Will applicant receive financial assistance from any other source?

No: \_\_\_\_\_

Yes: \_\_\_\_\_ (if yes, list source and amounts below)

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

5. Will applicant be applying for or receiving scholarships or loans from other sources?

No: \_\_\_\_\_

Yes: \_\_\_\_\_ (if yes, list source and amounts below)

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

6. Expected amount of tuition for **2010/2011** (academic year): \$ \_\_\_\_\_

Expected amount of on-campus room and board expenses: \$ \_\_\_\_\_

Expected other educational expenses (books, lab fees, etc.): \$ \_\_\_\_\_



### **PART 3: PARENT/S OR GUARDIAN'S FINANCIAL DATA**

**NOTE:** *Required unless applicant is not a dependent..*

1. **Father's OR Guardian's** Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

2. **Mother's OR Guardian's** Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

3. **Adjusted Gross Income** as reported on your parents' or guardians' **2009** Federal Income Tax Return Form 1040, 1040A, or 1040EZ:  
\$ \_\_\_\_\_.

**NOTE:** Remember to attach your Parents' or Guardians' **completed** 1040 income tax information for current tax year **2009**.

4. Number of dependents living in the parents home during last year \_\_\_\_\_.

List all dependent/s name/s and age/s:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Expected Income for **2010**:

Wages \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

(i.e., child/alimony support, unemployment compensation, welfare payments, workers compensation, social security, etc.)

6. State the present balance of all checking and savings accounts owned by either parent as of this date:

\$ \_\_\_\_\_



**PART 4: ACTIVITY INFORMATION**

1. List school activity involvement; indicate weekly/monthly/annually:

Year	Activity	Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List community/church activity involvement:

Year	Activity	Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Write a personal letter addressed to the United Food & Commercial Workers Union, Local 789, and Scholarship Committee giving any additional information, which will enable the committee to better evaluate your personal qualifications as a scholarship applicant. Include such information as evidence of leadership, vocational plans and ambitions, interests and hobbies. Tell us why you want it and why you need it. Attach the letter to this application form.
4. Write an essay (up to 500 words) on a subject dealing with the importance of Labor Unions. Please use your own words.
5. Two letters of recommendation from a teacher, a counselor or another person from your community who is not a relative should be submitted directly to:

United Food & Commercial Workers Union Local 789  
 Kenneth W. Kokaisel Memorial Scholarship Fund  
 266 Hardman Avenue North  
 South Saint Paul, MN 55075

**NOTE:** *Before mailing this application, check to see if the following items are completed and attached/enclosed with this application:*

- \_\_\_\_\_1) Copy of School Transcript for Last Completed School Year
- \_\_\_\_\_2) Personal Letter
- \_\_\_\_\_3) Essay
- \_\_\_\_\_4) 1040 Federal Tax Forms for **2009**  
 Self: \_\_\_\_\_  
 Spouse (if applicable): \_\_\_\_\_  
 Parent/s or Guardian (if applicable): \_\_\_\_\_

**NOTE:** *Before mailing this application the following should only be documented below and not included with this application.*

- \_\_\_\_\_5) Documentation of two people the Union should receive Letters of Recommendation from on your behalf, other than family members.

**NOTE:** *Recommendation Letters should be sent directly to the Union from people writing recommendation and **should not be included with this Application:***

Please indicate whom the Letters of Recommendation will be from:

a) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_

**FAILURE TO PROVIDE ALL INFORMATION IN SECTIONS 1 - 4 OR SUBMITTING FALSE INFORMATION WITH THIS APPLICATION WILL RESULT IN DISQUALIFYING YOUR APPLICATION FROM CONSIDERATION FOR THIS SCHOLARSHIP. THE DECISIONS OF THE TRUSTEES ARE FINAL.**

**ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

and/or

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**THIS APPLICATION MUST BE RETURNED TO  
THE UNION OFFICE**

**POSTMARKED**

**NO LATER THAN**

**MARCH 1, 2010**



## RELEASE OF INFORMATION

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I hereby authorize UFCW Local 789 to disclose my name and/or photo in future promotions of the Kenneth W. Kokaisel Scholarship award recipients.

Name: \_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DM/ee/opeiu #12

File: Data/Kokaisel/SCHOLARSHIP FORM

Updated December 30, 2009