APPLICATION FORM						
Sponsored by the Min their abilities and skil		TO for members of affiliated ders.	unions seeking to de	velop		
Recipients will be selected by the Minnesota AFL-CIO Education Committee. The Committee will determine the grant amount. Please submit ONE application only. Duplicate entries will be disqualified.						
I am applying for:						
	(a Available help defra or endors <i>Tobey serv</i>	<b>OBEY LAPAKKO LABOR I</b> total of \$1,000 in grants will be a to women who are union member ay the cost of classes, programs of sed by the AFL-CIO or affiliated of ved as Consumer Affairs Director of mer commissioner of the Department	<i>warded)</i> ers in good standing to r conferences sponsored organizations. <i>the Minnesota AFL-CIO</i> , <i>4</i>	1		
	THE CHARLES McKENNA LEADERSHIP GRANT (a total of \$1,000 in grants will be awarded) Available to men who are union members in good standing to help defray the cost of classes, programs or conferences sponsored or endorsed by the AFL-CIO or affiliated organizations. Charles McKenna served as Business Manager of Iron Workers Local 512, and served as a District Vice President of the Minnesota AFL-CIO from 1979 – 1982.					
ART 1 TO RE COMPLET		<b>PPLICANT:</b> (Please print or ty	(De)			
			PC)			
NameLast		First	Middle			
Home Address						
	Street	City	State 2	Zip		

ART II – <i>TO BE COMPLETED BY</i>	APPLICANT: (Ple	ase print or type)					
PROGRAM INFORMATION							
Name of the class, program or con	nference you plan to att	end:					
Brief description:							
Date(s) offered:							
Offered or sponsored by:							
Cost:	Amour	Amount requested:					
GRANT SHOULD BE SENT T	<b>O</b> :						
Name of sponsoring organ	nization:						
To the Attention of:							
Address:							
Street Phone: Area Code		Ci	ty Zij	p			
ART III – <i>TO BE COMPLETED B</i>	Y LOCAL UNION C	<b>OFFICER</b> : (Plea	se print or type)				
certify that	(applican						
is a member in							
good standing of	ational Union		_Local No				
and has held membership in this loc application, and that <b>our local union</b> <i>requirement for the applicant's elign</i>	n is an affiliate of th	• •		-			
Our union is contributing \$ educational program described in Pa	rt II.		-	ipation in the			
Local Union Officer			T:41-				
			Title				
AddressStreet		City	State	Zip			
Signature of officer							
Date	Phone (	)					
Mail this form, postmarked, to:	Minnesota AFL-C 175 Aurora A St. Paul, Minnes (651) 227-7647 or 1	Avenue sota 55103	mmittee				
	(031) 221-1047 UF 1	-000-032-3004					