

# 2017 Minnesota AFL-CIO Labor Leadership Grants

## APPLICATION FORM

Sponsored by the Minnesota AFL-CIO for members of affiliated unions seeking to develop their abilities and skills as union leaders.

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.*

### Select One Option Only:

I am applying for:

#### **THE TOBEY LAPAKKO LABOR LEADERSHIP GRANT**

*(a total of \$1,000 in grants will be awarded)*

Available to women 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.

*Tobey served as Consumer Affairs Director of the Minnesota AFL-CIO, and she was a former commissioner of the Department of Economic Security.*

#### **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.*

### **PART 1 – TO BE COMPLETED BY THE APPLICANT:** (Please print or type)

Name \_\_\_\_\_  
Last First Middle

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Union: \_\_\_\_\_  
Local No. Name of International Union

**PART II – TO BE COMPLETED BY APPLICANT:** (Please print or type)

**PROGRAM INFORMATION**

Name of the class, program or conference you plan to attend: \_\_\_\_\_

Brief description: \_\_\_\_\_

Date(s) offered: \_\_\_\_\_

Offered or sponsored by: \_\_\_\_\_

Cost: \_\_\_\_\_ Amount requested: \_\_\_\_\_

**GRANT SHOULD BE SENT TO:**

Name of sponsoring organization: \_\_\_\_\_

To the Attention of: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Phone: \_\_\_\_\_

Area Code

**PART III – TO BE COMPLETED BY LOCAL UNION OFFICER :** (Please print or type)

I certify that \_\_\_\_\_

(applicant)

is a member in  
good standing of \_\_\_\_\_ Local No. \_\_\_\_\_

Name of International Union

and has held membership in this local union for a period of one year prior to the date of this scholarship application, and that **our local union is an affiliate of the Minnesota AFL-CIO.** (NOTE: this is a requirement for the applicant's eligibility.)

Our union is contributing \$ \_\_\_\_\_ toward the cost of this member's participation in the educational program described in Part II.

Local Union Officer \_\_\_\_\_

Name

Title

Address \_\_\_\_\_

Street

City

State

Zip

Signature of officer \_\_\_\_\_

Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mail this form, postmarked, to: **Minnesota AFL-CIO Education Committee**

**175 Aurora Avenue**

**St. Paul, Minnesota 55103**

**(651) 227-7647 or 1-800-652-9004**

