INSTRUCTIONS FOR COMPLETING BLET AUXILIARY SCHOLARSHIP APPLICATION

Please read all instructions carefully before completing application form. Please type or print legibly using black ink. <u>Use the checklist at the end of Page 2 to make sure you have complied with all requirements.</u>

1) Applicant must be a son, daughter, stepson, or stepdaughter of a BLET Auxiliary member <u>and</u> a Brotherhood of Locomotive Engineer and Trainmen member (living or deceased), with each being a member for at least one year. In addition, applicant must be accepted for admission by an accredited institution of higher education. Children of an unmarried BLET member who is also an Associate Member of the BLET Auxiliary for at least one year are also eligible.

In addition to the \$1000 scholarships awarded each year, we are now awarding a minimum of two scholarships in the amount of \$2500 each, sponsored by Locomotive Engineers and Conductors Mutual Protective Association (LECMPA). To be eligible for an LECMPA-sponsored scholarship, applicants must meet the requirements outlined above, and the BLET member in the family must also be a member of LECMPA for at least one year. All scholarship applicants are asked to indicate whether or not the BLET member in the family is an LECMPA member on the first page of the application form.

- 2) For high school seniors only:
 - a) Complete Sections 1, 3, and 4 only skip Section 2.
 - b) An authorized copy of your ACT or SAT score must accompany your application. Also, please include a **current high school transcript showing** your cumulative grade point average (GPA). **Without this your application will not be considered**.
- 3) For graduate students or students returning to school as a sophomore, junior, or senior:
 - a) Skip Section 1 and complete Sections 2, 3, and 4 only.
 - b) A copy of last term's (or most current) GPA must accompany your application. **GPA must be** substantiated by transcript (official or unofficial). Without this, your application will not be considered.
- 4) Application must be signed by parent or guardian *and* by the Secretary/Treasurer (S/T) of the division to which the BLET member belongs. If the BLET member is retired or deceased, the S/T of the division that he or she formerly belonged to is required. Applications submitted without this verification that BLET member is "a member in good standing" will lose points during the application grading process.
- 5) Verification of BLET Auxiliary Membership:
 - a) For applicants whose eligibility is based on one parent being a member in good standing of a local auxiliary, **eligibility must be verified by the secretary of that local auxiliary.** Please obtain the signature of the local auxiliary secretary before submitting the application to the BLET Auxiliary National Secretary.

- b) For applicants whose eligibility is based on one parent being an Auxiliary member-at-large in good standing, eligibility will be verified by the BLET Auxiliary National Secretary upon receipt of application.
- 6) Applicant must be accepted for admission to an accredited institution of higher education in order to be considered. A copy of the acceptance letter must be included with the application.
- 7) Current high resolution photo must accompany application
- 8) Completed applications must be received by BLET Auxiliary National Secretary Lawana Poss,
- 9) **NO LATER THAN APRIL 1, 2021**. Applications received after that date **WILL NOT** be considered.
- 10) Mail to:

Lawana Poss, National Secretary BLET Auxiliary 1394 Bywood Ct Suwanee, GA 30024

For questions, please contact Lawana Poss by phone at (770) 497-8898, or by e-mail at lwposs@gmail.com

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!!!!!

| Use the following checklist to make sure you have included all necessary documents and complied with all application requirements: | | |
|--|---|--|
| | One of my parents is a BLET member <i>and</i> one of my parents is a member of the BLET Auxiliary – If this is not true for you, you do not qualify and your application will not be accepted. | |
| | I have provided a transcript to verify my GPA - without this, application will be rejected. | |
| | My typed essay is included with my application. | |
| | I have provided a copy of the acceptance letter from the institution of higher education I plan to attend | |
| | I have answered the question on Page 3 asking if my BLET parent is a member of LECMPA. | |
| | I have obtained the signature of the secretary-treasurer of the division to which my BLET-member Parent is a member. | |
| | I have obtained the signature of the secretary of the local auxiliary to which my Auxiliary-member Parent is a member (if applicable) – if this parent is a member-at-large, the National Secretary will Verify membership. | |
| | My parent or guardian and I have both signed my application. | |
| | High resolution photo included | |
| | | |

BLET Auxiliary Scholarship Application for 2020-2021 School Year

PLEASE READ ALL REQUIREMENTS AND INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

ELIGIBILITY: To apply for an **Auxiliary Scholarship** award, the applicant must be a son, daughter, stepson, or stepdaughter of a BLET Auxiliary member <u>and</u> a Brotherhood of Locomotive Engineer and Trainmen member (living or deceased), with each being a member in good standing for at least one year. Children of an unmarried BLET member who has been an Associate Member of the BLET Auxiliary in good standing for at least one year are also eligible. In addition, applicant must be accepted for admission by an accredited institution of higher education (university, academy, college, institute of technology, vocational school, trade school, or other career college that awards academic degrees or professional certifications).

Completed application and transcript must be received by the BLET Auxiliary National Secretary no later than April 1, 2019.

MAIL COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTS TO:

Lawana Poss, National Secretary BLET Auxiliary 1394 Bywood Ct Suwanee, GA 30024 (770) 497-8898

| Name | | |
|---|---|---|
| Address | | |
| Street | | |
| City | State | Zip Code |
| Date of Birth | School Last Attended | |
| Number of Siblings | Ages of Siblings | Number in College |
| Name of Father: Father must be a member of | f either the BLET <i>or</i> the BLET Auxiliary) | |
| ☐ BLET Division | No, or \square BLET Local Auxiliary No | o, or \square Auxiliary Member-at-Large |
| Location: | | |
| Name of Mother (Mother must be a member o | f either the BLET <i>or</i> the BLET Auxiliary) | |
| ☐ BLET Local Au | uxiliary No, or \square Member-at-Large, | or □ BLET Division No |
| Lasation | | |

| Is the BLET member in the family a member of LECMPA? YES NO (If yes, then applicant is eligible to be considered for a \$2500 LECMPA-sponsored scholarship.) SECTION 1 For High School Seniors applying to an institution of higher education for the first time. Graduate students or students returning to an institution of higher education, skip to Section 2. NAME OF COLLEGES TO WHICH YOU HAVE APPLIED IN ORDER OF PREFERENCE: Accepted? (Please include acceptance letters) | | | | | | | | | | |
|---|-----------|---------------------|---|--|--|--|-------------------|-----------------|---|------------------------|
| | | | | | | | HAVE YOU WORKED V | WHILE IN HIGH S | SCHOOL? IF SO, PLEASE LIST EM | PLOYER & TYPE OF WORK. |
| | | | | | | | SCHOOL STUDENTS | ENTERING AN | OOL AUTHORITIES (GUIDANCE I INSITUTE OF HIGHER LEARNI CT Composite: | NG FOR THE FIRST TIME. |
| RANKING IN CLASS: | | | _ | | | | | | | |
| | Junior: | NUMBER IN CLASS | | | | | | | | |
| | | NUMBER IN CLASS | | | | | | | | |
| NUMBER OF ADVAN | | S: Sophomore Junior | | | | | | | | |
| REMARKS AND EVA | LUATIONS: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Signature: | | Title: | | | | | | | | |

| Printed Name: | | Phone: |
|--|------------------------------|--|
| An authorized copy of your include a current high so Without this your applications. | chool transcript showing | Phone: Phone: pust accompany your application. Also, please g your cumulative grade point average (GPA). ered. |
| SECTION 2 | | |
| | | school for second, third, fourth year, etc. High earning for the first time, skip to Section 3. |
| Married? | Husband's/Wife's C | Occupation? |
| Widowed? | Divorced? | Single? |
| Working? | Occupation? | |
| NAME OF COLLEGE YOU | ARE ATTENDING | |
| Location? City | | State |
| LAST TERM'S GPA | DATE OF LATES | T COLLEGE TERM ATTENDED |
| GPA must be substantia SECTION 3 – FOR AL | | ial or unofficial). |
| WHAT SCHOLARSHIPS OF | R GRANTS HAVE YOU API | PLIED FOR AND/OR RECEIVED? |
| 1 | | |
| 2 | | |
| 3 | | |
| Approximate cost per year | | |
| What course of study are y | ou pursuing or intending | to pursue? |
| Degree? | | |
| Organizations in which you | u are active, and offices he | eld, if any. |
| | | |
| | | |

Mandatory: Please include a short essay on a separate sheet indicating your interests, goals, extracurricular activities, and whatever else you would like to share about yourself.

| Date of application: | | | | |
|--|----------------------------------|---|--|--|
| Signature of Applicar | t: | | | |
| Phone:E-mail Address: | | | | |
| REFERENCES | | | | |
| NAME: | AD | DRESS: | | |
| 1 | | | | |
| 2 | | | | |
| SECTION 4: FOR | ALL APPLICANTS | | | |
| TO BE COMPLETED | BY PARENT OR GUARDIAN: | | | |
| To the best of my know | rledge, the information provided | on this form by the applicant is accurate. | | |
| Signature | | Phone: | | |
| MEMBER PARENT. IF | AUXILIARY MEMBER PAREN | ETARY TO VERIFY ELIGIBILITY OF AUXILIARY IT IS A MEMBER-AT-LARGE, PLEASE LEAVE BY WILL VERIFY ELIGIBILITY UPON RECEIPT OF | | |
| To the best of my kno requirements. | owledge, the information giver | by the applicant meets respective eligibility | | |
| Name of Auxiliary Se | cretary (Printed) | Phone: | | |
| Signature: | | Auxiliary No | | |
| TO BE COMPLETED I MEMBER PARENT: | BY BLET DIVISION SECRETAI | RY/TREASURER TO VERIFY ELIGIBILITY OF BLET | | |
| Name of Division S/T | (Printed) | Phone: | | |
| Division No S | ignature of S/T | | | |