



**LISTED BELOW ARE THE RULES AND
APPLICATION FORM for
the Fayetteville Arkansas APWU Local**

VIRGINIA HICKMAN MEMORIAL SCHOLARSHIP

Article 13 – The Virginia Hickman Memorial Scholarship

1. The name of the scholarship shall be: *The Virginia Hickman Memorial Scholarship*.
2. The payment of the *Virginia Hickman Memorial Scholarship* shall be appropriated from the General Fund commencing after June 30, 2016. The Local shall award one (1) scholarship of \$500 per year.
3. A Scholarship Committee consisting of three (3) members in-good-standing shall be appointed by the Local President at his/her discretion from volunteers selected at the April business meeting of each year.
4. Eligibility requirements for the scholarship are as follows:
 - a) The applicant shall be the son, daughter, grandson or granddaughter of a parent, grandparent, or legal guardian who is a member in-good-standing of the Fayetteville Local APWU for at least one (1) year.
 - b) If the member (parent, grandparent, or guardian) is deceased and was a member in-good-standing for at least one (1) year of the Fayetteville Local APWU prior to the time of his/her passing, the son, daughter, grandson, or granddaughter shall be eligible to apply.
 - c) Applicant must be a senior attending high school or another equivalent secondary school.
 - d) Applications for the scholarship must be made on an official application form. Completed application forms must be sent to the Financial Secretary of the Fayetteville APWU at the Local's official mailing address listed on the application form or handed to the Financial Secretary in-person. The Scholarship Committee will draw for the award. Applications can be submitted April 1 through June 30 of each year. Applications received after June 30th will not be accepted.
 - e) Applicant must be a senior attending high school or another corresponding secondary school.
 - f) Applicants must submit a copy of his/her high school or secondary school transcript as an attachment to the official application.
 - g) Scholarship recipient must attend an accredited college or vocational institution of his or her choice. The scholarship must be used towards pursuing an undergraduate degree or vocational career. The applicant must submit proof of application to be accepted at an accredited college, university, or vocational institution.

5. The official application shall be published in the Local's newsletter, *THE RAZORBACK SCHEME*, in the April issue of each year and shall be posted on all bulletin boards of all facilities in Rogers, Springdale and Fayetteville from April through June of each year. In addition, applications shall be mailed to all members in smaller AOs – including Lowell, Prairie Grove, Huntsville, West Fork and Elkins. Additionally, the official application and rules shall be posted on the Local's official website April through June of each year.
6. The official application shall be made available on demand to any member in-good-standing who may contact one of the Local Officers who, in turn, shall forthwith mail the application with qualification rules to the requesting party.
7. Funds for scholarship shall be paid directly to the institution, not to the individual winning the award. If the scholarship winner does not attend the college, university, or vocational institution as indicated in the application, the scholarship funds shall be returned in full to the Fayetteville APWU Local #667. A subsequent winner shall be selected from applicants of the same year.
8. The winner shall be awarded the scholarship on a one-time basis.
9. The sponsoring employee (parent, grandparent, guardian) cannot have been in or applied for a management position for at least one (1) year prior to applicant applying for and/or being awarded the scholarship.
10. The *SCHOLARSHIP COMMITTEE* shall sponsor a drawing for one (1) scholarship annually to be determined by the committee after the June 30th deadline in the month of July and shall have concluded and announced the selection before August 1st of each year. The Committee shall consist of three (3) members. The Committee shall cast lots for the winner from all properly submitted applicants. All applicants are subject to the rules aforesaid established for the *Virginia Hickman Memorial Scholarship Fund*.

CONSTITUTIONAL AMENDMENT PROPOSAL

August 16, 2015

Submitted by Loren Adams

WHEREAS Virginia Hickman served 18 years as both the Recording and Financial Secretary for APWU Local #667;

WHEREAS Sister Virginia Hickman passed away on September 17, 2013 leaving an outstanding legacy of integrity, honesty, and devotion to the Local and members thereof;

WHEREAS Local #667 has expanded in recent months and is able to afford a memorial scholarship in her name;

WHEREAS Local #667 members would be greatly benefited by having a Scholarship Program;

BE IT RESOLVED that Article 13 be added to the Local's Constitution under the title: **“The Virginia Hickman Memorial Scholarship”** and that the selected scholarship recipient shall be awarded \$500.00 per year for one (1) student who is a son, daughter, grandson or granddaughter of a Local member. The scholarship recipient shall be selected according to the rules set forth in the proposed Article 13 as presented in this script with amendments as agreed to by voting members at the August 16, 2015 business meeting.

– APPLICATION –

THE VIRGINIA HICKMAN MEMORIAL SCHOLARSHIP



Please attach a copy of your high school or secondary school transcript and mail to:
Fayetteville APWU Local • P.O. Box 654 • Fayetteville, AR 72702

APPLICANT INFORMATION

FULL NAME: _____

ADDRESS: _____

CITY / STATE: _____ ZIP: _____

HOME / CELL PHONE: _____

DATE OF BIRTH: _____ EMAIL: _____

APWU PARENT INFORMATION

NAME: _____

ADDRESS: _____

CITY / STATE: _____ ZIP: _____

HOME / CELL PHONE: _____ WORK PHONE: _____

WORK LOCATION (Postal Facility): _____

EMAIL: _____

APPLICANT EDUCATIONAL INFORMATION

HIGH SCHOOL or SECONDARY: _____ Date of Graduation: _____

COLLEGE or SCHOOL of CHOICE: _____

MAJOR (if decided): _____

Signature of Applicant _____ Date _____

Signature of Parent/Grandparent/Guardian _____ Date _____