

Local 8D, UFCW

United Food and Commercial Workers' Union

MEMBERSHIP MEETING AND SCHOLARSHIP NOTICE

Dear Member:

Please join us at our annual general membership meeting on **Thursday, December 1, 2022 at 6:00 PM via Zoom**. We will conduct the annual scholarship drawing and discuss upcoming contract negotiations and any other issues you would like to bring to the table. We look forward to seeing you at the meeting.

Topic: UFCW Local 8D Membership Meeting
Time: December 1, 2022 06:00 PM Eastern Time

Join Zoom Meeting

<https://us02web.zoom.us/j/88618466671?pwd=ZlRzZ3JyYWNzYkM2V1pFSWtQSINsQT09>

Meeting ID: 886 1846 6671

Passcode: 485240

Each year Local 8D provides ten \$1,000.00 scholarships to college students whose parents are Union members. Five scholarships are awarded to children of Horizon Beverage members and five scholarships are awarded to children of United Liquors members.

To be eligible, students must be enrolled in a college program. ** If your child's name is drawn, they must produce proof of enrollment to receive the award. Proof can be any document that demonstrates that your child is actually enrolled in a college program and displays the current year (2022).

If you have an eligible college student, please submit your application by the deadline of **Tuesday, November 29, 2022**. Applications received after the deadline will NOT be entered into the drawing.

Applications may be submitted electronically through the Local 8D website at www.ufcwlocal8d.com/scholarships, or by email to local8d@gmail.com, or by fax to Attn: Teresa (617) 742-2187 using the attached form. Due to significant mail delays, we will NOT be accepting applications by mail this year.

We hope to see you on December 1!

** It is the Executive Board's policy that students may not receive awards more than two drawings in a row. Students who received awards in each of the last two drawings are ineligible to participate in this drawing but may reapply next year.

UFCW LOCAL 8D
FALL 2022 SCHOLARSHIP APPLICATION

Date _____

Student/Applicant's Name _____ DOB ____/____/____
(Please Print)

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

School Attending _____

Parent/Member's Name _____
(Please Print)

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Company Employed By _____

Relation to Applicant (Check One):

_____ Parent _____ Legal Guardian

I certify that all the information on this form is true and complete to the best of my knowledge. I agree to give proof that the applicant is actually enrolled in a college program if their name is drawn. I realize that if I do not provide such proof, the applicant will not receive the scholarship.

PARENT OR GUARDIAN SIGNATURE _____

APPLICATION FORM MUST BE SUBMITTED BY: TUESDAY, NOVEMBER 29, 2022