Please Do NOT Staple Your Paperwork

Monmouth & Ocean Counties

Central Labor Council

Memorial Scholarship

2026

Application Form

Applicants must attend or plan to attend a College, University, or Technical School, and be a member or the child of a current or deceased member of a union affiliated with the Monmouth and Ocean Central Labor Council AFL-CIO.

Applicant's Name: _____
(Last) (First) (MI)

Home Address: _____
(Number & Street)

_____
(City) (State) (Zip)

Telephone: _____ Date of Birth: _____

Union Affiliation: Union Name _____ Local Union Number _____

I will graduate from / have graduated from _____
(School) (Date)

located in _____
(City/Town) (State)

I understand that I am personally responsible for securing proof of eligibility for the scholarship as set forth below.

(A) Submit Academic Verification and/or College -Technical School acceptance form.
(B) Submit verification of union membership.
(C) **Prepare and submit a "Letter to the Editor" to all appropriate news outlets of not less than 150 words, supporting the Labor Movement or explaining how the Labor Movement supports the needs of all working families. If the letter is published, please include a copy of the published article along with the name of the publication and date.**

Student: Return your application, which includes Verification of Union Membership; the Academic Verification form; a High School Transcript or college transcript; and copies of your "Letter to the Editor" to the address below. **Applications must be received no later than Thursday, April 2, 2026.**

Monmouth and Ocean Counties
Central Labor Council
Memorial Scholarship Committee
PO Box 1286
Wall, New Jersey 07719

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Monmouth & Ocean Counties

Central Labor Council

2026 Memorial Scholarship

Academic Verification

Students Name: _____
(Last) (First) (MI)

Address: _____
(Number & Street)

_____
(City) (State) (Zip)

High School or College you are currently enrolled in or have graduated from:

_____

Address: _____
(Number & Street)

_____
(City) (State) (Zip)

High School Graduate will attend: _____
(College, University, Technical School)

Please Attach Student Transcript but Do NOT Staple.

Member Verification

Members Name:

_____
(Last) (First) (MI)

The Secretary or a responsible executive officer of the local union to which your Parent/Guardian is a member who must verify your eligibility to submit this application.

This is to certify that _____ is the Parent/Guardian of _____ and is a member in good standing of Local # _____ for the past twelve months or is a deceased member.

This local union is currently in good standing with the Monmouth and Ocean Counties, Central Labor Council, AFL-CIO.

Secretary or responsible executive officer Signature: _____

Date: _____