

Chapter Participation Form

Applicant – Check one box below and give this form to a current officer of your local chapter to complete and return to you to submit with your application.

I am applying for a:

- ☐ *Member Career Grant*
- ☐ *Member Reimbursement Subsidy*
- ☐ *Member Student Loan Reducer Grant*

To be completed by a current officer of the local CSEA Chapter (*President, Vice President, Secretary Treasurer, Chief Union Steward or Past President*). Attention chapter officer: Please complete this form, sign, and date it and return it to the applicant.

Concerning the above named applicant please check all appropriate boxes.

- ☐ *0 Meetings*
- ☐ *1–3 Meetings*
- ☐ *4–7 Meetings*
- ☐ *8–10 Meetings*
- ☐ Volunteers for Chapter Activities
(*Phone Bank, Fund Raiser, etc.*)
Please list: _____

- ☐ Chapter Committee Member
Committee Name _____ Length of time served _____
- ☐ Completed CSEA Training Workshops Please list _____
- ☐ Represents CSEA on District Committees Please list _____
- ☐ Site Rep How Long? _____
- ☐ Chapter Office Held _____ When? _____ How Long? _____
- ☐ State or Regional Committee List: _____ How Long? _____
- ☐ Conference Delegate When: _____

Please provide any additional information which may be useful to the Scholarship Committee concerning applicant's CSEA Activities. Attach additional sheet as necessary.

(Signed)

(Chapter office)

Chapter Name _____ Chapter Number _____ Area _____ Region _____

Daytime Telephone _____

Please return to applicant

***If you have questions about this form, call CSEA Member Benefits at (866) 487-2732
or email scholarships@csea.com.***